



# Municipal Treasurers Association of Wisconsin

Municipal Treasurers Assoc. of Wisconsin, Inc.  
W1605 County Hwy E, Springbrook, WI 54875

\*\*\*\*\*

## Mentoring Program - Application Form To Be A Mentor

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Fulltime or Part-time position: \_\_\_\_\_

Entity: \_\_\_\_\_ Address: \_\_\_\_\_  
(City, Town, Village)

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

This form outlines the goals and expectations for a possible mentoring partnership. This form is a requirement for participation in the Mentoring Program and will be used as a helpful guide in setting goals and recommendations.

### Preferred Form of Interaction (select 1 or more):

- Phone Calls
- Emails
- Meeting at or near workplace
- Meeting conferences & local events

### Frequency of meetings/calls:

- Weekly
- Monthly
- Bi-Monthly
- Quarterly

### Preferred form of interaction (select 1 or more):

Are there specific days or hours that you will not be available? \_\_\_\_\_

Mentoring arrangements (chat, email, face-to-face meetings): \_\_\_\_\_