



# Municipal Treasurers Association of Wisconsin

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

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## Mentoring Program - Application Form

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 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): \_\_\_\_\_

**Please select the following duties that you perform as part of your finance position:**

- |  |                                   |
|--|-----------------------------------|
| Accounts Receivable                            | Payroll Processing                |
| Accounts Payable                               | Prepare Monthly Financial Reports |
| Bank Duties (transfers and/or reconciliations) | Supervise Staff                   |
| Budget Preparation                             | (# supervised _____)              |
| (size of budget \$ _____)                      | Utility Billing                   |
| Debt Issuance                                  | Tax Collections                   |
| Invest Public Funds                            | Other _____                       |
| (size of portfolio \$ _____)                   |                                   |

