NORTH ORANGE COUNTY
COMMUNITY COLLEGE DISTRICT

Mentorship Program

Mentor Application

Name: _____

Current Position: _____ **Department**: _____

Office Phone: _____ **Email**: _____

Instructions:

1. *Submit the completed application to the Professional Development Office via email to profdev@nocccd.edu by **July 31st, 2026** for all Classified/Confidential Professionals & Managers, and **September 1st, 2026**, for all Full-Time Faculty. Please write "Mentor Application for <your name>" in the subject line.*

2. Why do you want to be a mentor?

3. What experiences, if any, have you had with mentoring?

4. Describe your strongest competencies (i.e knowledge, skills, and abilities)

5. What do you think a mentee can learn from you?

6. What are your interests and hobbies outside of work?

7. What do you hope to achieve from the mentoring program?

Please attach your resume.