NORTH ORANGE COUNTY
COMMUNITY COLLEGE DISTRICT

Mentorship Program

Mentee Application

Name: _____

Current Position: _____ **Department:** _____

Phone:_____**Email:** _____

IMS:_____**IMS Email**_____

Instructions:

*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 "Mentee Application for <your name>" in the subject line.*

1. What do you hope to achieve from the mentoring program? Include areas in which you would like to strengthen through working with a mentor.

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

3. Are there any preferences you are looking for in a mentor (personality, values, experience etc.)?

4. Do you have a preference in whom you would like as your mentor (NOCCCD employee)? If yes, please provide their names and contact information below. *(please note that we will make every attempt but your mentor choices may not be available):*
   1.
   2.
   3.

Please include your resume.