

MENTOR'S APPLICATION FORM

Name	
Address	
Phone number	Email address
Employed by what city?	In what region?
How long have you been a municipal clerk/city recorder?	

Regions are BRAG, CURA, DMWRA, GSLCRA, NRA, SCURA, SURA and SRMCA.

What are your expectations of mentoring? _____

How much time are can you offer as a mentor? _____

When can you meet with someone who needs mentoring? _____

What skills or issues can you provide help with? _____

Describe your personality. _____

Describe the kind of person you are seeking to mentor. _____

MENTORING REQUIRES TIME AND COMMITMENT

*Send a copy of this Application Form to Finn Kofoed, City Recorder, 1650 E. Stagecoach Run, Eagle Mountain UT 84005
or fkofoed@emcity.org*