



Mentee Application

Please complete the information below. By signing and returning your application you consent to pay, if selected for the program, the \$150 program fee for the mentorship program prior to the kick-off event.

Name: _____

Employer: _____

Mailing Address: _____

Email Address: _____

Best Contact Phone Number: _____

Preferred Method of Communication: Phone / Email / In Person / Other:

What is your availability for meetings: Morning / Lunch / Evening / Other:

What day of the week is best? Mon / Tues / Wed / Thurs / Fri / Sat / Sun

Are you a member of YLLC: Yes / No

Would your employer support this program: Yes / No

What skills, capabilities, or competencies would you like to develop as part of this program?

What are your hobbies and interests?

THE NEXT GENERATION OF LICKING COUNTY LEADERS.

Young Leaders of Licking County is an affiliate of the Licking County Chamber of Commerce



Where do you see yourself professionally in 10 years?

What are your goals as a potential mentee of this program?

What would you consider to be your greatest strength and weakness?

What makes you a good candidate for this program?

Applicant Signature: _____ Date: _____

The applicant gives YLLC permission to use their image from events or as provided to the group for marketing/ social media purposes.

The applicant agrees to defend, indemnify and hold harmless the LC Chamber and its affiliates, directors, officers, and employees with respect to a claim arising from YLLC's actual or alleged act, failure to act, error, or omission in the performance of their obligations under this Agreement or any governing law or regulation.

The applicant agrees that YLLC will provide feedback from this process to their reference to allow for future growth opportunities with their current organization or role.

INTERNAL USE ONLY:

Application ID: _____ **Date Application Received by YLLC:** _____

Industry Code: _____

(Agricultural (A); Construction (C); Education (E); Financial (F); Government (G); Health (H); Leisure/Hospitality (L); Manufacturing (M); Other (O); Professional/Business Services (P); Retail (R); Service (S); Transportation (T))



Recommendation Form

Referral Guidelines

1. To refer a potential mentee, please compose a letter of recommendation, complete this form, and return both to Brittany at BMisner@LickingCountyChamber.com.
2. Employees involved in the hiring decision for a particular position are not eligible for referral awards for that position.

Thank you for writing a letter of recommendation for the Young Leaders of Licking County's Mentorship Program! We appreciate your time and efforts toward the professional development of the next generation of Licking County leaders! Please use as much or as little space as you would like in writing your recommendation – you can use bullet points, sentences, or paragraphs, but we ask that you answer these three questions, and make sure to include the applicant's full name:

- 1) Please briefly describe your experience with the applicant? (Do you work with them? Are they a classmate, coworker, direct report? How long have you worked with or known them? What do you know or want to share about their career, aspirations, etc.?)
- 2) What do you hope the applicant gains as a part of the mentorship program?
- 3) Why do you recommend the applicant for this opportunity? Why are they a good "fit"?

Your Information:

Name: _____
Employer: _____
Contact Email / Phone: _____

Referral Information:

Name: _____
Employer: _____

INTERNAL USE ONLY:

Application ID: _____
Date/Time Application Received by YLLC: _____