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| --- | --- |
|  | Washington Immigrant NetworkMentee Interest Form |

## Prospective Mentee Information

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  | Last | First | M.I. |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email: |  |

|  |  |  |
| --- | --- | --- |
| May we contact you using the above contact information? | YES[ ]  | NO[ ]  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you a current WA state employee? | YES[ ]  | NO[ ]  | If no, are you interested in becoming WA state employee? | YES[ ]  | NO[ ]  |

## Ethnic Background

## (this section is optional – it will be used to help pair you with a mentor)

|  |  |  |  |
| --- | --- | --- | --- |
| Ethnicity: |  | Languages Spoken: |  |

## What would you like to gain from being in a mentoring relationship?

Please describe why you would like to be assigned to a WIN Mentor:

|  |
| --- |
|  |

## Mentor Preference

|  |  |  |  |
| --- | --- | --- | --- |
| First Choice: |  | Date: |  |
| Second Choice: |  |  |  |
| No Preference: |[ ]   |  |

Please email this completed form to win@ofm.wa.gov. You may also print it out and hand-deliver it to one of the WIN Officers.