

## PROFESSIONAL MENTORSHIP PROGRAM MENTOR PROFILE

### CONTACT INFORMATION

Today's Date:

Title:  Mr.  Mrs.  Ms.  Dr.  Hon.

First Name:

Last Name:

Degree Program:  MPA  In-Career MA  Dual-Law  Dual-MSW  
 Dual-SEES  Dual-CRP  Dual-ENR  Dual-HSMP  
 Dual-MBA  Dual-MPH  Arts Policy  Other

Degree Year:

Email Address:

Phone Number:

Preferred Method of Contact:  Email  Phone

### MENTORING INFORMATION

Current Job Title:

Job Description:

Employer(s):  
(include current & past)

Area(s) of Expertise:

# JOHN GLENN SCHOOL OF PUBLIC AFFAIRS

glenn.osu.edu

Organization Memberships:

Public Policy Interest(s):

Do you agree to commit to the time and communication requirement of at least one in-person meeting per quarter (location permitting), and monthly phone. Skype or email exchanges?

YES  NO

Do you agree to return program surveys in a timely manner?

YES  NO

***PLEASE SUBMIT THIS FORM & YOUR RESUME TO  
LISA FRERICKS AT FRERICKS.12@OSU.EDU.***

***IMPORTANT: Submitting this form and your resume does not guarantee that you will be matched with a mentee for the upcoming program; however we will keep your profile and resume on file to refer to in future years.***