

Mentee Application

Application Date: _____

First Name & Last Name: _____

Employer: _____

Email Address (for all contact related to this program): _____

Phone Number (for all contact related to this program): _____

What services would your ideal mentor provide:

- A sounding board/advice
 Career coaching (helping you create a career plan, goals, etc.)
 Both

Circle the following areas you want your mentor to have experience with (where '1' is top priority, '2' is your 2nd choice, and n/a is not applicable):

Manager/Owner	1	2	3	4	n/a	
Third party management	1	2	3	4	n/a	
Asset management		1	2	3	4	n/a
Facilities management		1	2	3	4	n/a

List areas of expertise you are hoping your mentor has experience with (i.e. budgeting, HVAC, leasing):

Which meeting format works best for you? Please select only one:

- Only one in-person Introductory Session and one in-person regular session, with the other sessions via phone
 Half in-person and half via phone
 All in-person
 No preference

What would you like to get out of this program? _____

Email Application to: sjones@boma.bc.ca