

*Mentor and Protégé matches are made twice a year in April and October.*

**\*\*\*\*\*DEADLINE: 10/20/2010 for the next orientation. \*\*\*\*\***

## HRMA Mentoring Program Application

*(Please print or type)*

I am interested in being a:  Mentor  Protégé

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_ Years in HR \_\_\_\_\_

### Metropolitan region:

St. Louis City

North County

St. Charles

South County

West County

Illinois

**Please indicate your level of experience in each of the following areas. (Protégés, please indicate the areas in which you would like assistance.)**

Benefits \_\_\_\_\_ yrs.

Labor Relations \_\_\_\_\_ yrs.

Compensation \_\_\_\_\_ yrs.

Strategic Planning \_\_\_\_\_ yrs.

Consulting \_\_\_\_\_ yrs.

Organizational Development, Training \_\_\_\_\_ yrs.

Diversity \_\_\_\_\_ yrs.

Personal Career Development \_\_\_\_\_ yrs.

EEO Issues/AAP \_\_\_\_\_ yrs.

Organizational Politics \_\_\_\_\_ yrs.

Employee Relations \_\_\_\_\_ yrs.

Staffing \_\_\_\_\_ yrs.

Generalist: \_\_\_\_\_ yrs.

Workers Compensation \_\_\_\_\_ yrs.

Health, Safety, Security \_\_\_\_\_ yrs.

SHRM Certification \_\_\_\_\_ yrs.

What do you expect from the mentoring partnership?

---

---

---

---

**Please attach a copy of your resume or a brief description of your professional experience. Fax completed application to: Sarah Whitehead, fax 314-241-8624, Scan and/or Email to: saw@greensfelder.com, mail to Sarah Whitehead, Greensfelder, 10 S. Broadway, Suite 2000, St. Louis, MO 63102.**