|  |  |
| --- | --- |
|  | Washington Immigrant Network  Mentee 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](mailto:win@ofm.wa.gov). You may also print it out and hand-deliver it to one of the WIN Officers.