



Naval District Washington Facilitated Mentorship Program MENTOR APPLICATION

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|------------|------------------------|
| Name: | Installation & N-Code: |
| Job Title: | Supervisor's Name: |
| Email: | Supervisor's Email: |
| Phone: | Supervisor's Phone: |

How long have you been employed in Naval District Washington? _____

Current Role/Responsibilities:

Explain why you want to be a Mentor:

List the top three (3) skills/strengths you wish to pass on as a Mentor.

(Examples: self-esteem; decision making; time management; commitment; specific job-related skills, etc.)

1. _____
2. _____
3. _____

Have you ever been a Mentor before?

Thank you for taking the time to complete this NDW Facilitated Mentorship Program application.

Applicant Signature: _____

Supervisor Signature: _____

Please submit your application to Joanne MacKinnon via email – joanne.mackinnon@navy.mil.