

**Murray Hill Institute Mentoring Program
MENTOR APPLICATION FORM**

Name: _____

Address: _____

Phone(s): work: _____ home: _____ cell: _____

Email: _____

Profession: _____

Employer: _____

Give a brief description of your professional experience and what you will bring to the mentoring partnership.

Please fill in all that apply:

I am interested in mentoring in the following field(s)/topic(s):

I would be willing to have a one-time conversation with persons who are interested in:

Thank you! Please email your application to mentoring@murrayhillinstitute.org or mail or fax it to Kathy McGarry, Murray Hill Institute, 243 Lexington Avenue, New York, NY 10016. Fax 646-742-2845.