

**American Legion Auxiliary
Mentor Application**

NAME: _____

ADDRESS: _____

E-Mail: _____

PHONE: (____)_____

What is your preferred method of communication? ? E-mail
 ?? Phone
 ?? In person

I am interested in mentoring members who are interested in one of the following areas:

- ?? Chairman duties/responsibilities
- ?? Officer duties/responsibilities
- ?? Knowledge of Auxiliary programs; Specifically: _____
- ?? Knowledge of Parliamentary Procedure
- ?? Knowledge of Auxiliary Protocol

1. **What do you hope to give members through a mentoring relationship?**

2. **What do you hope to gain from a mentoring relationship with members?**

3. **How would you describe your mentoring style?**

4. **How much time and effort are you willing/able to commit to the mentoring relationship?**

Mentor Signature

Date