**Mentor/Protégé Biographical Sketch**

*Mentor and protégé should share with each other before*

*their first meeting or contact if possible.*

**Purpose**: To provide basic information to facilitate the development of a positive relationship.

**Check one**:

Mentor \_\_\_\_\_

Protégé \_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County or Counties \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAX\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Educational Background**

Undergraduate Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Graduated \_\_\_\_\_\_\_\_\_\_\_

Graduate Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Graduated \_\_\_\_\_\_\_\_\_\_\_

Additional Certification or Professional Development:

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**Program Experience**

Years in FL Extension Years in Current Position

Previous Work Experience

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Major area of interest/expertise/program focus

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My most valuable strengths are:

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**The rest of these items are to be answered by Protégés Only**

Topics I would like to discuss with my mentor include

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**Optional Information**

My hobbies/leisure interests include:

About my family:

Community activities:

The reason I am excited about a career in extension is:

**The level of support:**

What level of mentoring support do you foresee needing? (check one, can be modified as you and your mentor agree upon)

High: Weekly/ bi-weekly contact (e-mail, phone, etc.); monthly face-to-face meetings.

Medium: Bi-weekly/monthly contact (email, phone, etc.) Face-to-face meeting every other month

Low: Monthly/every other month contact (e-mail, phone, etc.); face-to-face meetings only as needed

Other: Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_