

INDIANA UNIVERSITY LIBRARY FACULTY COUNCIL

DRAFT

FORM FOR REQUESTING PARTICIPATION IN THE INDIANA UNIVERSITY LIBRARIES MENTOR PROGRAM

Name
Job Title
Library Address
E-Mail
Telephone
Date

I. I would like to participate in the Mentor Program as a Mentee. Please contact me.

II. I volunteer to be a Mentor in the Mentor Program.

Rank _____
Number of years in rank _____
Type of current library assignment. Check all that apply
 Technical Services
 Public Services
 Collection Management
 Administration
 Other. Please specify. _____

Please supply additional information that might be helpful in matching you with a prospective Mentee.

III. I prefer to be matched with a mentor or mentee based on the following criteria. Check all that apply.

Type of library work
 Campus location
 Other. Please specify _____

Send form to Chair, IULFC Mentor Program Committee, c/o Personnel Librarian

[Send form now] [Print out]