



MLGSCA Mentor Program Application

? Applying **for** a mentor

? Applying **to be** a mentor

*Please enter your information in the
MLA Mentoring Database
(<http://www.mlanet.org/mentor/index.html>)*

Name: _____

Institution: _____

Address: _____

City: _____ State: ____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

Position/Title: _____ Years in Position: _____

Graduate School (proteges): _____

Member of: ? **MLGSCA** ? **MLA**

If you are applying **to be** a mentor, select the area(s) in which you would like to participate. If you are applying **for** a mentor, select the area(s) for which you would like a mentor.

I. Professional Interests/Expertise:

- | | |
|--------------------------------|--------------------------|
| ? Administration | ? Automation |
| ? Bibliographic Instruction | ? Cataloging |
| ? Collection Development | ? Consulting |
| ? Consumer Health Information | ? Electronic Resources |
| ? End-user Training | ? Media |
| ? Online Searching | ? Reference |
| ? Serials | ? Web Design/Maintenance |
| ? Other (Please Specify) _____ | |

II. Type of Library or Department (currently employed or interested in working)

- ? Academic
- ? Consumer Health
- ? Corporate
- ? Hospital
- ? Pharmaceutical
- ? Other (Please Specify) _____

