

***ISM-Pittsburgh Mentoring Program
Mentor Application***

ISM-Pittsburgh Mentoring Program Enrollment Questionnaire

ISM ID#: _____

Name: _____

Job Title: _____

Company: _____

Primary Address: _____

Phone 1# _____

Phone 2# _____

Email _____

Are you a member of any other professional organizations? If so, please list.

What is the extent of your supply management education, including internship experience?

What are your areas of supply management experience/ expertise?

What are your professional certifications?

What is your preferred approach to teaching/learning? Visual/email/ etc.

Have you ever participated in a mentoring relationship? Formal or informal? If you have participated, what were some lessons learned?

How much time are you willing to devote to your mentee?

Why do you want to be an ISM Pittsburgh mentor?

Please attach your resume and any other relevant professional development information to this questionnaire.

Please return completed questionnaire to:

Ms. Lisa Romango
Executive Director
ISM-Pittsburgh
202 Field Club Ridge
Pittsburgh, PA 15238

FAX: 412-967-9105