

# FIRE MANAGEMENT MENTORING PROGRAM

## MENTEE APPLICATION

*The information you provide is voluntary. The information that is provided will assist in matching someone of similar interests and career paths. The more information, the better the match of mentor with mentee. All information collected will be used for the Fire Management Mentoring Program and for no other purpose. Due to the scope of the program, not all applicants will be selected to participate. You may attach additional supporting information to this application (i.e., letters of recommendation or support, continuation sheets, etc.).*

Name \_\_\_\_\_

Location \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Work phone \_\_\_\_\_ Home phone \_\_\_\_\_

E-mail address work \_\_\_\_\_

Okay to contact at home? Yes  No

Job Title \_\_\_\_\_

Series \_\_\_\_\_ Grade \_\_\_\_\_

Do you have career status with the Fish & Wildlife Service? Yes  No

If selected into the program, would you prefer your mentor to be in the same:  
(check one)

Geographic Area  Region  State  Zone  No preference

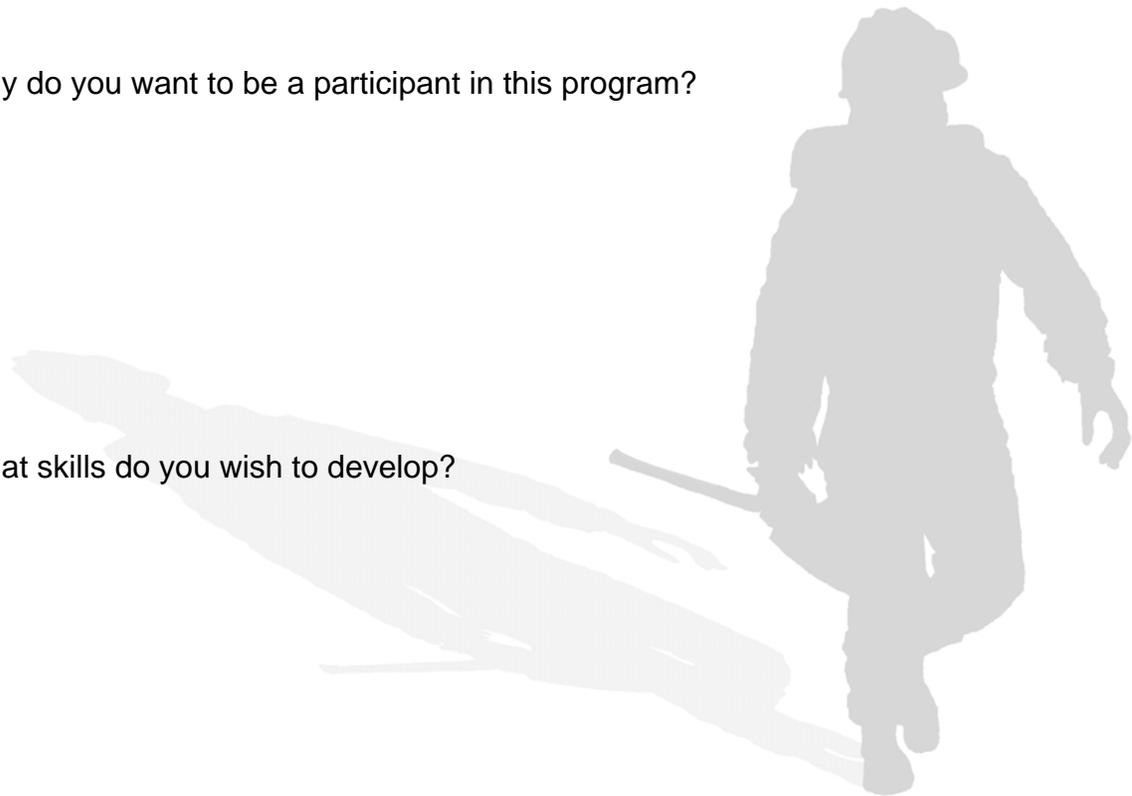
Prefer other location \_\_\_\_\_

The Fire Management Mentoring Program is a mentee-driven program, which requires the mentee to be a self-starter. Explain how you will fulfill this role.

Why do you want to be a participant in this program?

What skills do you wish to develop?

What characteristics or qualifications do you prefer your mentor to have?



What are your career goals?

Briefly summarize your work experience.

Do you have a specific person in mind that you would like to have as your mentor?

Yes  No

*Please recognize that you may name request someone who is not currently willing or able to fulfill the mentor role at this time, due to workload, personal interest in this program, or other constraints. Also realize that the individual named, the individuals supervisor, and the Mentoring Steering Committee must agree that this match would be in the best interests of the Fire Management Mentoring Program. This named individual must also be a Fish & Wildlife Service employee.*

If you answered "YES" above, who would you prefer to have as your mentor?

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**Supervisor's Concurrence:**

I have my supervisor's concurrence to participate in the Fire Management Mentoring Program. If selected to participate, I agree to serve as a mentee for a 2-year period beginning upon finalization of the Partnership Agreement between myself and the mentor. I also understand that this does not guarantee me future jobs or promotions.

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Applicant Signature

Date

**Supervisor To Complete This Section:**

Supervisor's Name (Please Print) \_\_\_\_\_

Supervisor's Job Title \_\_\_\_\_

Phone Number \_\_\_\_\_

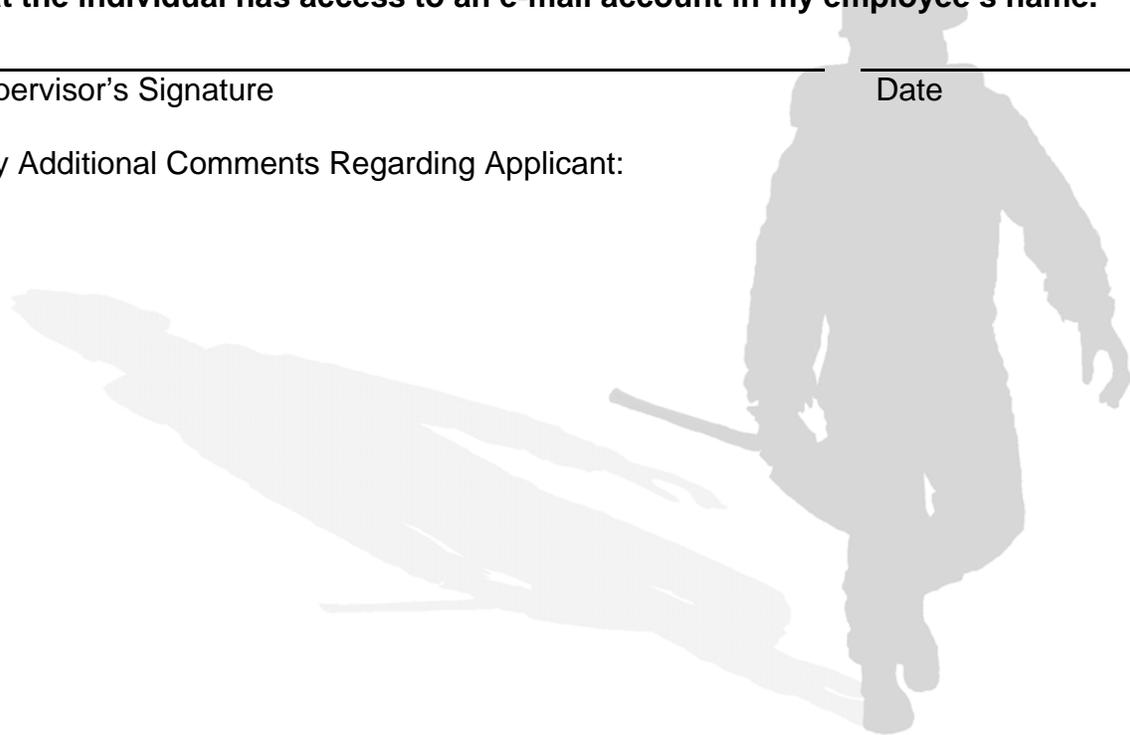
Supervisor's e-mail address \_\_\_\_\_

**The above individual has my support and concurrence to apply for this opportunity. I understand that this does not guarantee my employee future jobs or promotions. If my employee is selected into this program, I agree to ensure that the individual has access to an e-mail account in my employee's name.**

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

Any Additional Comments Regarding Applicant:



*Please send completed application to:*

U.S. Fish & Wildlife Service  
National Interagency Fire Center  
Attn: Mentoring Program Coordinator  
3833 S. Development Avenue  
Boise, ID 83705-5354  
Telephone: (208) 387-5502