



Society of Georgia Archivists

Preserving the past and the present for the future...

Mentee Registration/Request Form

Mentoring can be defined as a developmental relationship in which a more experienced person provides support and guidance to a less experienced person. Working with a mentor gives a mentee the opportunity to improve his or her understanding of practices, discuss problems, and analyze and learn from mistakes in an atmosphere that is collaborative, constructive, and confidential.

The SGA Mentoring Program is an On-demand program consisting of a pool of mentors who have been approved annually by the SGA Mentoring Committee and have provided information with which prospective mentees can identify a mentor who meets their unique needs. Mentor Profiles will be made available to prospective mentees to review at the SGA annual meeting and through the SGA website. Mentees may register for specific mentors they have identified based on the Mentor Profile. Mentee requests will be accepted on a rolling basis starting at the annual meeting. Mentees will be assigned on a first come-first serve basis to the requested mentors. At the time a mentee and mentor are paired, they will enter into a mentoring agreement for a 12 month relationship.

SGA mentees must be SGA members.

Registration/Request instructions:

Please complete the registration fully and answer all questions. Attach additional pages, as needed.

Registrations/Requests for a Mentor from the 2011-2012 Mentoring Pool will be accepted **starting November 3, 2011**, and then on a rolling basis through August 2012.

Email completed applications to Lspracher@savannahga.gov or print and mail to:

Luciana Spracher, SGA Mentoring Committee
Research Library & Municipal Archives
City of Savannah
PO Box 1027
Savannah, GA 31402

SGA Mentee Registration/Request Form

Contact information:

Name: _____

Title: _____

Institution: _____

Mailing address: _____

Telephone #: _____

Email address: _____

Preferred methods of contact: email phone face to face virtual (e.g. Skype)

About You:

1. Reason(s) for wanting a mentor: _____

2. I am looking for a mentor who will fulfill the following role/s (check all that apply):

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> advisor/counselor | <input type="checkbox"/> sponsor |
| <input type="checkbox"/> advocate | <input type="checkbox"/> teacher |
| <input type="checkbox"/> resource | <input type="checkbox"/> other _____ |

3. I am joining the SGA Mentoring Program to (check all that apply):

- expand my core knowledge of professional issues, archival standards, best-practices, etc.
- feel more a part of or connected to the professional community and SGA
- get advice related to building and navigating professional relationships (with supervisors, direct reports, co-workers, peers, etc.)
- get assistance with a specific goal (such as project, publication, presentation, grant submission, etc.)
- other _____

4. Areas you would like to focus on in your mentoring relationship (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> access/outreach/reference | <input type="checkbox"/> lone arranger |
| <input type="checkbox"/> acquisition/appraisal | <input type="checkbox"/> management/supervision |
| <input type="checkbox"/> arrangement/description | <input type="checkbox"/> preservation |
| <input type="checkbox"/> cataloging/metadata | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> exhibits | |

Collecting areas:

- | | |
|---|--|
| <input type="checkbox"/> academic | <input type="checkbox"/> new technologies |
| <input type="checkbox"/> audio/moving image | <input type="checkbox"/> rare books |
| <input type="checkbox"/> congressional | <input type="checkbox"/> records management |
| <input type="checkbox"/> corporate/private | <input type="checkbox"/> religious |
| <input type="checkbox"/> digital/electronic | <input type="checkbox"/> special collections |
| <input type="checkbox"/> local/state government | <input type="checkbox"/> visual resources |
| <input type="checkbox"/> manuscripts | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> museums | |

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5. It is recommended that at least 2 hours each month (24 hours in the 12 month agreement period) be set aside for interaction specific to the mentoring relationship. Will it be possible for you to provide this time to the program? _____

6. Is there any other information about your career or yourself that you would like to share? _____

Please attach a resume to your registration.

Mentor Request:

I request to be paired with the following Mentor from the 2011-2012 Mentor Pool:

1st Choice: Mentor # _____ Mentor Name _____
2nd Choice Mentor # _____ Mentor Name _____

<i>For Committee use only</i>	Mentoring Pool Cycle _____	Mentee # _____	Mentor # _____
	Pairing Approved _____	Date Mentoring Relationship Started _____	
	Date of Expiration of Mentoring Relationship _____		
	Closeout Evaluation/Survey Sent _____		