

The University of Mississippi

Washington Internship Experience Program

Alumni Mentor Registration Form

Date: _____

First Name: _____ Last Name: _____

Gender (optional): _____ Ethnicity (optional): _____ Age: _____

Address: _____

City: _____ State: _____ Zip code: _____ Country: _____

Home phone: _____ Cell phone: _____ Work phone: _____

E-mail: _____ Preferred method of communication: _____

Website: _____

What degree(s) do you have from UM?: BA PhD
 BS MBA
Year graduated from UM: _____ JD Dept: _____

Other degrees held outside of UM

PhD Field: _____ Other Degree: _____ Year(s): _____

Institutions: _____ Home town: _____

Current employer: _____ Work Location: _____

Number of Years at Job: _____ What is your current position? _____

Brief job description: _____

Briefly list and describe previous work experiences: _____

What types of guidance are you willing to offer participating students?

- | | | |
|--|--|--|
| <input type="checkbox"/> Be a guest lecturer | <input type="checkbox"/> Job search strategies | <input type="checkbox"/> Networking events |
| <input type="checkbox"/> Job shadowing | <input type="checkbox"/> Job visits/tours | <input type="checkbox"/> Host a social gathering |
| <input type="checkbox"/> Serve on a panel | <input type="checkbox"/> Career Guidance/Informational Interview | <input type="checkbox"/> Providing Internships |

What other types of guidance can you offer? _____

How many students are you willing to mentor? _____

How much time are you able to commit as a mentor (please check one)?

1 hr/wk 1 hr/bi-weekly 1 hr/month Ongoing Other (specify): _____

Note: This information will be available only to UM students and administration for purposes of this program.

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Indicate the career field you work in:

- | | | |
|---|---|--|
| <input type="checkbox"/> Budget/Finance | <input type="checkbox"/> Environment | <input type="checkbox"/> Non-Profit Advocacy |
| <input type="checkbox"/> Broadcast | <input type="checkbox"/> Health | <input type="checkbox"/> Non-Profit Management |
| <input type="checkbox"/> Children/Youth/Family | <input type="checkbox"/> Immigration | <input type="checkbox"/> Philanthropy |
| <input type="checkbox"/> Civil/Human Rights | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Politics/Political Analysis |
| <input type="checkbox"/> Community and Economic Development | <input type="checkbox"/> International Policy | <input type="checkbox"/> Public/Private Partnerships |
| <input type="checkbox"/> Corporate Social Responsibility | <input type="checkbox"/> Journalism | <input type="checkbox"/> Regulatory Analysis |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Labor Policy | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Education (General) | <input type="checkbox"/> Law/Public Policy | <input type="checkbox"/> Trade |
| <input type="checkbox"/> Education-Higher | <input type="checkbox"/> Legislative Analysis | <input type="checkbox"/> Transportation Policy |
| <input type="checkbox"/> Education-K-12 | <input type="checkbox"/> Marketing | <input type="checkbox"/> Urban Policy |
| <input type="checkbox"/> Energy | <input type="checkbox"/> Media/Communications | <input type="checkbox"/> Welfare |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> National Security | <input type="checkbox"/> Other (specify): |
-
-
-

Indicate the sector(s) you work in:

- Public sector
Within the public sector, please indicate the level of government you work in:
- | | |
|----------------------------------|--|
| <input type="checkbox"/> Federal | <input type="checkbox"/> City |
| <input type="checkbox"/> State | <input type="checkbox"/> City & County |
| <input type="checkbox"/> County | <input type="checkbox"/> Other (specify) _____ |
- Private sector
Within the private sector, please indicate the type of company you work for:
- | |
|--|
| <input type="checkbox"/> Consulting firm (public and/or non-profit sector clients) |
| <input type="checkbox"/> Consulting firm (private sector clients) |
| <input type="checkbox"/> Private corporation |
| <input type="checkbox"/> Other (specify) _____ |
- Non-profit sector
Within the non-profit sector, please indicate the type of organization you work for:
- | | |
|---|--|
| <input type="checkbox"/> Foundation | <input type="checkbox"/> Government funded |
| <input type="checkbox"/> Private non-profit | <input type="checkbox"/> Other (specify) _____ |

Hobbies/interests: _____

THANK YOU FOR VOLUNTEERING YOUR TIME

**Please return completed form to:
Mary Leach, Washington Internship Experience Program Coordinator**

E-mail: mleach@olemiss.edu **Fax:** 662-915-5138

Via Web: <http://www.outreach.olemiss.edu>

Via U.S. Mail: The University of Mississippi, Division of Outreach, Post Office Box 879, University, MS 38677