



## Occupational Hygiene Association of Ontario (OHAO) Mentoring Program

### Mentor/Mentee Information Profile

The following application will be used to match potential mentors with mentee candidates. This information will be reviewed by the selection committee and the mentor/mentee. Do not disclose information that you consider confidential.

Application for: Mentor \_\_\_\_\_ Mentee \_\_\_\_\_ (check one only)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Employer or School: \_\_\_\_\_

Professional Experience, Specialty or Interest: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Personal Interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a preference for a mentor or mentee? If so, please indicate the person's name.

\_\_\_\_\_

Do you have personal goals you would like to achieve through the mentoring program?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for your interest in the OHAO Mentorship Program.  
Please e-mail the completed form to [office@ohao.org](mailto:office@ohao.org).