NEAFCS Leadership Experience Application Tool
(all applications must be submitted online)

1. Role Applying For: Mentor or Mentee
2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Affiliate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Number of Years of Membership in NEAFCS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Number of Years of Experience in Extension: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Number of Years of Family & Consumer Sciences professional experience outside of Extension, if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Please describe, if applicable, your FCS professional experience outside of Extension:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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8. Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Preferred method(s) of communication (select all that apply):
Email
Phone Call
Text
Virtual Meetings (Zoom/Skype/Teams)
Social Media (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Program Area(s)…..Check all that apply:
4-H Youth Development
Aging
Child Development
Clothing/Textiles
Community Development
Financial Management
Food Safety
Health & Wellness
Housing
Human Development
Nutrition
Parenting Education
Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mentee**:  Select areas in which you wish to receive mentoring.

**Mentor**:  Select areas where you can offer mentoring.

Administration/Staff Management
Building Coalitions (Networking/Partnerships)
Program specific mentoring
Education Technology
Social Media
Media Relations
Leadership Skills
Scholarly work/publications
Program Development
Presentation/Teaching Skills
Volunteer Management
Community Needs Assessment
Measuring impact/program evaluation
Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**Mentee:** Briefly describe why you are applying for this Leadership Experience. What do you hope to gain from the mentoring relationship?

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**Mentor:** Briefly describe what you hope to contribute to the relationship? What do you hope to gain from the experience?

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List any positions of leadership, awards/honors received, professional accomplishments.

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Is there anything to prevent you from actively participating? Explain.

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**Mentee Participation Expectations** - Miss no more than 1 cohort session.  [See calendar here](https://neafcs.memberclicks.net/assets/Calendar%20for%20NEAFCS%20Leadership%20Experience.pdf). Meet with Mentor monthly during mentoring experience (Arrange with mentor)

**Mentor Participation Expectations** – Attend 1 of the mentor trainings.  [See calendar here](https://neafcs.memberclicks.net/assets/Calendar%20for%20NEAFCS%20Leadership%20Experience.pdf). Meet with Mentee monthly during mentoring experience (Arrange with mentee)