**Developing Leader Mentoring Program**

**Mentee Application Form**

**Instructions: Complete the following forms, then email with a copy of your professional head shot to** **mentorship@naioputah.org** **no later than** **Monday, March 31, 2025. A $50 non-refundable application fee applies to all applicants. Please note Mentee Applicants must be a current NAIOP Utah Developing Leader (DL) Chapter member (those members 35 years of age or under). *Previous Mentee Participants and Student Applicants will be accepted; however, those individuals will only be matched if there are additional Mentors available once new DL member applicants have been matched.***

***General Information***

**Name:**

**NAIOP Utah Member #:**

***(Participants must be a NAIOP Utah Member)***

**Home Address:**

**Phone Number(s): Work** **Cell**       **Other**

**Email Address:**

**Employer:**

**Work Address:**

**Position and description of responsibilities:**

**Years with Current Employer:**

**Past Employment, Description of Position, and Dates of Employment:**

**Education:**

**Years in Real Estate Industry:**

**Years with NAIOP:**

***Mentor/Mentee Matching Questions***

**What motivates you to seek a mentor?**

**What qualities are you looking for in a mentor?**

**In what areas would you like to grow, develop or enhance your career?**

**What do you hope to achieve by the end of the one (1) year Mentoring Program?**

**What career goals do you want to accomplish during the next 5 years?**

**Please list the top three (3) areas of commercial real estate that you are most interested in learning more about (in ranking order):**

 **1.**

 **2.**

 **3.**

**What is the frequency to which you would be available to meet with your mentor?**

**1) Weekly:**

**2) Monthly:**

**3) Quarterly:**

**4) Other:**

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**Mentee Application Fee Form**

**Please Note: There is a $50 non-refundable application fee for all DL Mentor Program Applicants. Please complete the following form and email back to** **mentorship@naioputah.org** **later than Monday, March 31, 2025. Thank you.**

**First Name:       Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Company:**

**Address:**

**City:       State:       Zip:**

**Phone:      Fax:**

**Email:**

**Check#:**

**(Payable to NAIOP Utah)**

**Card Type:**

**(We accept Visa, AMEX, MasterCard or Discover)**

**Card #:**

**Expiration: Month       Year**

**Cardholder Name:**