



ORMDI Mentoring Program

FY

Mentee Name

Email

Position Title

Series/Grade

ORMDI Program Office

Supervisor Name

List the Positions and grades you have held

Why do you want to work with a mentor?

Describe your strongest competencies (i.e., Knowledge, Skills, and Abilities)

Describe the competencies you would like to strengthen and/or leverage through working with a mentor?

What are your interests or hobbies outside of work?

Do you have someone in mind who you would like to suggest as your mentor? If yes, provide his/her/their name



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I understand that I will devote approximately 1-2 hours per month over the course of twelve months to the Mentorship Program. As the mentee, I understand that any recommendation of formal training is subject to all applicable regulations, supervisory approvals, and fund availability. I will set achievable and practical goals with the guidance of my mentor. I will make a firm commitment to work with my mentor, to consider recommended self-development activities to accomplish goals and objectives. I also understand that my participation in the Mentorship Program is not a guarantee of training, assignments, job opportunities, or promotions. Upon completion of this program, I agree to share my experience with other team members in promoting and supporting the Mentorship Program.

Signed by:

Date Signed: