



SHRM Student Mentoring Program – Student/Mentee Interest Form

1. Name: _____ Email address: _____
Phone: _____ Home Town/State: _____

2. Name of University: _____

3. Year in School: First Second Other _____
 Third Fourth

4. Anticipated Month and Year of Graduation: _____

5. What, if any, job experience or internship have you had in a Human Resource Department?

What area in Human Resource Management interests you the most? (check one)

- HRIS Recruitment & Selection Employee Benefits Compensation
 Training & Development Employment Law Labor Relations (unions)

Other: _____

6. This program requires you to meet with a professional at their workplace for at least one hour per month. In addition, the professional may want you to attend some of the RISHRM monthly meetings. Can you make this time and scheduling commitment?

Yes Not always (explain): _____

7. Using Monday through Friday between 7:30 a.m. and 5:00 p.m. as a range, what days and times of day in that range would you be able to meet with your mentor for the one-hour period?

8. What type of information or knowledge would you like to gain in your meetings with your mentor?

**Please return completed application to
(Chapter to insert email to use)**