

Mentor / Protégé Biographical Sketch

Check one: Mentor Protégé

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Position: _____ County(s) _____

Phone: _____ Fax: _____ Email: _____

Educational Background:

Undergraduate Institution: _____

Major: _____ Year of Degree: _____

Graduate Institution: _____

Major Emphasis: _____ Year of Degree: _____

Further Education or Classes:

Program Experience:

Years with OSU Extension: _____ Years in Current Position: _____

Previous Work Experience:

Major Program focus areas:

Specialization area:

My most valuable strengths include:

(next page)

Mentors Only:

Describe areas of expertise:

Protégés Only

Topics I would like to discuss with my mentor include:

1. _____
2. _____
3. _____

Optional Information:

My hobbies include:

About my family:

Community Involvement::

The best thing I like about Extension is:

(Please attach any additional information you would like)

Developed by: Mentoring Committee (Bruce Zimmer, Ernest Oelker, Joan Grube, Charles Bell, William Hudson)