



Society for Women
Environmental
Professionals
Massachusetts

SWEP Mentoring Program Interest Form

SWEP's mentoring program is open to students, entry/mid level professionals (1-10 years), and experienced (10+ years) professionals.

I am interested in participating as a:

protégé

mentor

Name: _____
(First) (MI) (Last)

Company/Affiliation Name: _____

Title: _____

Address: _____

Telephone (1): _____

Telephone (2): _____

email: _____

Professionals:

Years of Professional Experience: _____

Area of Professional Experience: _____

Students:

College Name: _____

Degrees Obtained/Current Program: _____

Area of Study: _____



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Main Career Interests (Use 1 primary interest and 2 for secondary interest)

Business Development	<input type="checkbox"/>	Project Management	<input type="checkbox"/>
Environmental Law	<input type="checkbox"/>	Air Quality	<input type="checkbox"/>
Remediation \ Brownfields	<input type="checkbox"/>	Management/Supervision	<input type="checkbox"/>
Small Business	<input type="checkbox"/>		

Other:

Professional Society Memberships: _____

Licenses/Registrations: _____

Other information that is pertinent to mentoring-protégé relationship. ____

What benefits do you hope to receive from participation in this program? ____
