



Thank you for your interest in the Executive Mentor Program. This application allows us to successfully match our students with experienced executives.

Contact Information

Salutation: _____ First Name: _____ MI: ____ Last Name: _____
(Mr., Mrs., Ms., Dr., Other: _____)

Gender: Male Female Not Disclosed Birth Day/Month: _____

Company: _____

Title: _____

Industry: _____

Work Street Address: _____

Work City: _____ Work State: ____ Work Zip Code: _____

Work Email: _____

Work Phone: _____ Work Fax: _____

Home Street Address: _____

Home City: _____ Home State: _____ Home Zip Code: _____

Home Phone: _____ Cell Phone: _____

Personal Email Address: _____

Preferred Method of Contact: _____

Professional Information

Areas of Expertise: _____

Do you have more than 10 years of executive level experience? Yes No

Academic Information

Undergraduate University Name: _____

Undergraduate Degree Earned: _____ Year: _____

Graduate University Name: _____

Graduate Degree Earned: _____ Year: _____

Other Relevant Education: _____

Certification(s): _____

Bio/Resume/LinkedIn Profile Please attach a copy to this application attached



Ethnicity: *(optional) (Please check all that apply)*

- Hispanic or Latino Descent American Indian or Alaska Native Asian
Black or African American Native Hawaiian or Other Pacific Islander
White Other Not Listed Prefer not to answer

Active Military/Veteran Yes No Branch: Army Air Force Navy Coast Guard
Highest Rank: _____ Marine Corps

Hobbies/Interests/Community Involvement:

What are your goals and anticipated benefits of being part of this program?

I prefer to mentor a student who has/is pursuing a degree(s) in: *(Check all that apply)*

- General Business Management Management Information Systems
Accounting Finance Economics Global Economics
Marketing Global Marketing Sales Management Supply Chain Logistics
MBA MACC Interest in being an entrepreneur

I will mentor a student taking classes:

Face to Face Online Only Either is fine with me



The following person has recommended me for this program: *(Optional)*

Name: _____

Title: _____

Company: _____

Email Address: _____

Phone: _____

By checking this box and submitting this application you acknowledge that the information is true and accurate to the best of your knowledge.

Volunteer workers shall be covered by Worker' Compensation and by Florida State Liability Protection in accordance with the provisions of Florida Statute 768.28.

By signing below, volunteer acknowledges receipt and understanding of the University policy on fraudulent or other wrongful acts and receipt of the policy concerning the University as a Drug-free workplace.

Thank you for applying. You will be contacted by the UWF Executive Mentor Program soon.

Signature: _____ Date: _____

Return Application: Building 76A/224 | Fax 850.474.2342 | executivementor@uwf.edu

Photo/Video Release Form

UNIVERSITY of WEST FLORIDA

I authorize the University of West Florida, acting for and on behalf of the University of West Florida Board of Trustees (“University”) and those acting pursuant to its authority to:

- (i) record my likeness and/or voice on a video, audio, photographic, digital, electronic or any other medium;
- (ii) use my name and biographical material in connection with such recordings; and
- (iii) use, reproduce, exhibit, and/or distribute my name, biographical material, and such recordings in any medium (e.g., print publications, video, internet, etc.) for a variety of promotional, advertising, educational, and/or other lawful purposes.

I agree to release the University from all liability related to the recordings and waive any claims or rights of compensation or ownership regarding such uses, and agree and understand that all such recordings shall remain the property of the University.

Student Faculty Staff Other

Name of Participant _____
(Please print)

Signature of Participant _____ Date _____
(If 18 or older)

IF UNDER 18:

Legal Guardian Name _____
(Please print)

Legal Guardian Signature _____ Phone number _____

Email _____

OFFICE USE ONLY:

Project/Intended Use _____

Filed By _____