

UPO MENTORSHIP PROGRAM INTAKE FORM

Thank you for participating in the UPO Mentorship Program!

Completing this questionnaire will assist both mentor and mentee to set mutual expectations.

PERSONAL INFORMATION
<input type="checkbox"/> How long have you been a Professional Organizer?
<input type="checkbox"/> Tell me about your support system.
<input type="checkbox"/> In 1 sentence, how can I, as your mentor, assist you? (the emphasis on "I"?)
<input type="checkbox"/> What do you expect of me?
<input type="checkbox"/> What can I expect of you?
<input type="checkbox"/> What is an appropriate length of time in between touching base which will allow you sufficient time to practice and implement what we discuss?
<input type="checkbox"/> Please list different topics that you have questions about or would like support from me on?
<input type="checkbox"/> What do you most want to accomplish in your business this year?
<input type="checkbox"/> What is your concern, fear or worry about this process . Please be candid.
<input type="checkbox"/> Please tell me anything else you are willing to divulge about yourself (e.g. your work style, your personality, your interpersonal dynamic, etc.).