

# PUBLIC LIBRARIES COMMUNITY OF INTEREST MENTORING PROGRAM

## SIGN-UP FORM

Which are you interested in becoming?

MENTOR

MENTEE

**Name:**

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(First)

(Last)

**Email:**

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**Current Employer:**

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**Work address:**

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(Street)

(City)

(Zip)

**Current Job Title:**

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Library areas in which you have experience or are interested in:

Adult services

Cataloging

Circulation

Collection Development

Genealogy/Local History

Human Resources

Instruction

IT

Management

Marketing

Outreach

Programming

Reader's Advisory

Reference

Young Adult Services

Youth Services

Other

If other, please explain:

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Communication Preference (check all that apply):

In person

E-mail

Phone

Video Chat

Text

At a Conference