

You are invited to be a mentor or protégé.

The California Library Association (CLA) sponsors a mentor support program for all CLA members.

The goal of this program is to empower CLA members to further develop themselves and their skills and abilities in the library profession.

Mentor

adviser, instructor, guide, orienter

Protégé

learner, observer, student

How will I benefit from this program?

Here are just *some* of the ways you can benefit from the program —

As a mentor:

- Empower protégés to further develop personal and professional skills.
- Experience the satisfaction of helping someone develop personally.
- Build interpersonal, communication and helping skills.
- Assist in promoting and achieving CLA's goals through service.
- Open networking doors for your protégé.

As a protégé:

- Learn from another's professional experience.
- Gain encouragement and support from someone who cares for your personal and professional growth.
- Establish networking relationships.
- Explore professional concerns and current issues.

How To Get Involved

Be a current personal member of CLA.

Commit to a one-year program.

Complete and mail the following profile.

The Mentor/Protégé Program is sponsored by CLA's Mentoring and Leadership Development Committee.



California Library Association Mentor/Protégé Profile

Please type or print in ink.

Name: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Day phone: (_____) _____ Evening phone: (_____) _____

Fax number: (_____) _____ Email address _____

Mentor

Current job title: _____

Institution: _____

Mentor Protégé

Current position _____

Institution _____

Educational background _____

Library experience _____

Special interests _____

What do you hope to get out of this program? _____

Preferred gender of mentor/protégé:

- Female
- Male
- No preference

Preferred location of mentor/protégé:

- Near work
- Near home
- No preference

Type of library preferred for your mentor/protégé (check all interests):

- Public
- Academic
- School
- Special (specify) _____

Mail completed form to:

California Library Association
717 20th Street, Suite 200
Sacramento, CA 95814

or fax to 916/447-8394

FOR OFFICE USE ONLY

Rcv'd Date _____

Acknowledgement sent _____

Match _____

Partner name _____

First evaluation sent _____

First evaluation rcv'd _____

Follow-up evaluation sent _____

Follow-up evaluation rcv'd _____