



# MENTOR FORM

## MENTOR INFORMATION

NAME

PHONE

EMAIL

CITY

AIA NUMBER

LICENSED ARCHITECT?

COLLEGE / UNIVERSITY

JOB TITLE

FIRM NAME

YEARS OF PROF. EXPERIENCE

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Which category would you most prefer to provide guidance?

Licensure

General Career advice

Management/Leadership Development

Other

Employment

What area(s) of practice are you MOST experienced in?

Healthcare

Retail

Education

Hospitality

Residential

Transportation

Corporate

Non Profit

Government

Other

What is the method of communication do you prefer or do you not have a preference?  
(i.e. person-to-person meetings, Zoom, etc.)\*

What is your time commitment? (i.e. weekly, 2x/week, bi-weekly)

Please tell us why you are interesting in becoming a mentor?

Send all completed applications and questions to [info@aiami.org](mailto:info@aiami.org)

Thank you for your support!

\*As of right now, all get-togethers should be virtual due to COVID-19