



# Society of Georgia Archivists

*Preserving the past and the present for the future...*

## Mentee Registration/Request Form

Mentoring can be defined as a developmental relationship in which a more experienced person provides support and guidance to a less experienced person. Working with a mentor gives a mentee the opportunity to improve his or her understanding of practices, discuss problems, and analyze and learn from mistakes in an atmosphere that is collaborative, constructive, and confidential.

The SGA Mentoring Program is an on-demand program consisting of a pool of mentors who have been approved annually by the SGA Mentoring Committee and have provided information with which prospective mentees can identify a mentor who meets their unique needs. Mentor Profiles will be made available to prospective mentees to review at the SGA annual meeting and through the SGA website. Mentees may register for specific mentors they have identified based on the Mentor Profile. Mentee requests will be accepted on a rolling basis. Mentees will be assigned on a first come-first serve basis to the requested mentors. At the time a mentee and mentor are paired, they will enter into a mentoring agreement for a 12 month relationship.

SGA mentees must be SGA members.

### Registration/Request instructions:

Please complete the registration fully and answer all questions. Attach additional pages, as needed.

Email completed applications to [mentoring@soga.org](mailto:mentoring@soga.org) or print and mail to:

Jeremy Katz  
Archives Director  
William Breman Jewish Heritage Museum  
1440 Spring St. NW  
Atlanta, Georgia 30309

### Contact information:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email address: \_\_\_\_\_

Preferred methods of contact:  email  phone  face to face  virtual (e.g. Skype)

### About You:

1. Reason(s) for wanting a mentor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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2. I am looking for a mentor who will fulfill the following role/s (check all that apply):

- |                                            |                                      |
|--------------------------------------------|--------------------------------------|
| <input type="checkbox"/> advisor/counselor | <input type="checkbox"/> sponsor     |
| <input type="checkbox"/> advocate          | <input type="checkbox"/> teacher     |
| <input type="checkbox"/> resource          | <input type="checkbox"/> other _____ |

3. I am joining the SGA Mentoring Program to (check all that apply):

- expand my core knowledge of professional issues, archival standards, best-practices, etc.
- feel more a part of or connected to the professional community and SGA
- get advice related to building and navigating professional relationships (with supervisors, direct reports, co-workers, peers, etc.)
- get assistance with a specific goal (such as project, publication, presentation, grant submission, etc.)
- Get assistance with the job search process by reviewing cover letters and resumes and helping to prepare for interviews.
- other \_\_\_\_\_

4. Areas you would like to focus on in your mentoring relationship (check all that apply):

- |                                                    |                                                 |
|----------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> access/outreach/reference | <input type="checkbox"/> lone arranger          |
| <input type="checkbox"/> acquisition/appraisal     | <input type="checkbox"/> management/supervision |
| <input type="checkbox"/> arrangement/description   | <input type="checkbox"/> preservation           |
| <input type="checkbox"/> cataloging/metadata       | <input type="checkbox"/> other _____            |
| <input type="checkbox"/> exhibits                  |                                                 |

Collecting areas:

- |                                                 |                                              |
|-------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> academic               | <input type="checkbox"/> new technologies    |
| <input type="checkbox"/> audio/moving image     | <input type="checkbox"/> rare books          |
| <input type="checkbox"/> congressional          | <input type="checkbox"/> records management  |
| <input type="checkbox"/> corporate/private      | <input type="checkbox"/> religious           |
| <input type="checkbox"/> digital/electronic     | <input type="checkbox"/> special collections |
| <input type="checkbox"/> local/state government | <input type="checkbox"/> visual resources    |
| <input type="checkbox"/> manuscripts            | <input type="checkbox"/> other _____         |
| <input type="checkbox"/> museums                |                                              |

5. It is recommended that at least 2 hours each month (24 hours in the 12 month agreement period) be set aside for interaction specific to the mentoring relationship. Will it be possible for you to provide this time to the program? \_\_\_\_\_  
\_\_\_\_\_

6. Is there any other information about your career or yourself that you would like to share? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Please attach a resume to your registration.

**Mentor Request:**

I request to be paired with the following Mentor from the Mentor Pool:

*1<sup>st</sup> Choice:* Mentor # \_\_\_\_\_ Mentor Name \_\_\_\_\_

*2<sup>nd</sup> Choice:* Mentor # \_\_\_\_\_ Mentor Name \_\_\_\_\_

<i>For Committee use only</i>	Mentoring Pool Cycle _____	Mentee # _____	Mentor # _____
	Pairing Approved _____	Date Mentoring Relationship Started _____	
	Date of Expiration of Mentoring Relationship _____		
	Closeout Evaluation/Survey Sent _____		