

# Stephen F. Austin State University Alumni Association

## Mentor Ring Mentor Application

### Mentor Contract

I, \_\_\_\_\_ hereby understand and support the Mentor Ring program and wish to participate as a mentor. As a Mentor, I agree to:

- Authorize the SFA Alumni Association to use my provided information in any and all news releases, alumni publications or correspondence with individuals about the association's programs.
- Personally contact my student(s) either by e-mail, letters, handwritten notes or phone at my own time and expense throughout my student's/students' junior and senior years at SFA.
- Provide—in a reasonable amount of time—tips on resume writing, networking, interviewing, and other related effective business practices should my student(s) request it. The SFA Alumni Association will provide me with materials to use as a guide in this process.
- Encourage students to become active in the SFA Alumni Association and to participate in the Mentor Ring program as a Mentor upon graduation.
- Foster a climate of pride and support for current and future students, the university and the SFA Alumni Association.

By presence of this application and signature, I pledge my support to uphold the traditions of SFA and the SFA Alumni Association and to help cultivate a mentoring environment among SFA alumni and friends.

### Info Release Authorization

I, \_\_\_\_\_, hereby authorize the SFA Alumni Association to print and release any or all the attached information and/or photographs in any and all news releases, alumni publications or correspondence with individuals about the association's programs.

Date: \_\_\_\_\_

# Stephen F. Austin State University Alumni Association

## Mentor Ring Mentor Application

Return to  
SFA Alumni Association  
PO Box 6096-SFA Station  
Nacogdoches, TX 76962  
Fax: 936-468-1007

Please type or print clearly. By completing this form, you agree to participate in the Mentor Ring program as a mentor. Please attach a copy of your current career vita with this form and return to the SFA Alumni Association.

Name \_\_\_\_\_  
*First Last Middle/Maiden*

E-mail \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Office Phone (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_

Job Title \_\_\_\_\_

--I prefer to be contacted by my student(s) at my:  home  business  e-mail address above

--I prefer to serve as a mentor to \_\_\_\_\_ students. (Indicate maximum number of students)

--I prefer to serve as a mentor for:  one term (2 years)  two terms (4 years)

Education	Degree	Major/Minor	School	City/State	Year(s)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SFA Affiliations (contributions of time, talent, influence or funds) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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