



Mentor Application

| Contact Information | |
|--------------------------------|---------------------|
| | |
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |
| | |
| Career Information | |
| Tell us in which area best des | cribes your career: |
| | |
| Astronaut | |
| Air Traffic Control | |
| Mechanic | |
| Aviation or Aeronautical B | usiness |
| Civilian Pilot | |
| Physician | |
| Pilot Instructor | |
| Commercial Pilot | |
| Engineer | |
| Military Pilot | |
| Flight Attendant | |
| Other | |
| Career Status | |

Biography

Are you currently working in this field or are you retired?

A small booklet containing biographies on all the mentors is provided to the girls attending the conference. We believe this makes the mentors more approachable and provides them with some talking points when approaching the mentors. Please provide a paragraph about yourself and describe how you became interested in your current career, what you enjoy about your career, if you had any difficulty (i.e. sexism) in entering your career, and add any advice you think would be good for the girls to know if they want to have the same kind of career as you (i.e. study hard at math, brush up on speaking skills, etc). Please submit a photograph as an attachment via email or mail a photograph no

| small than 3x4. Please do not submit handwritten biographies. | |
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| Person to Notify in Case | e of Emergency |
| * | |
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |
| | |
| Agreement and Signatu | ire |
| that if I am accepted as a me | n, I affirm that the facts set forth in it are true and complete. I understand entor, any false statements, omissions, or other misrepresentations made y result in my immediate release from mentorship. |
| Name (printed) | |
| Signature | |
| Date | |
| | |
| Our Policy | |

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Please submit all mentorship application to Michelle Epps, Re: WOW Mentor, International Women's Air & Space Museum, 1501 North Marginal Rd., Rm 165, Cleveland, OH 44114 or email as an attachment to mepps@iwasm.org