

DEPARTMENT OF EMPLOYEE TRUST FUNDS
CAREER DEVELOPMENT PROGRAM (CDP)

APPLICATION FOR MENTORS

MENTOR: Name:

Division/Bureau/Section:

Classification:

Working Title:

Work Telephone Number:

PROJECT: Summary of Tasks/Activities or Project In Which Intern Would Be Involved:

Intern Skills/Knowledge to Be Developed by the Mentor:

Special Qualifications or Attributes Intern Would Be Expected to Have (if any):

Our signatures represent support and approval of the applicant's participation in the CDP as a mentor, if selected.

Date (MM/DD/CCYY)	Supervisor's Signature
Date (MM/DD/CCYY)	Bureau Director's Signature
Date (MM/DD/CCYY)	Administrator's Signature

If the Supervisor, Bureau Director or Administrator does not support the applicant's participation, attach an explanation and continue to forward through chain-of-command to the Human Resources Specialist.