



## AASECT Mentee Interest Form

AASECT members wishing to connect with a Mentor should complete this form, and submit via email to [info@aasect.org](mailto:info@aasect.org).

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

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

AASECT Member ID: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Preferred method of communication: Phone \_\_\_\_\_ Email \_\_\_\_\_

City and state in which you reside: \_\_\_\_\_

Degree(s), and discipline in which you are licensed, if any:

Undergraduate: \_\_\_\_\_

Graduate: \_\_\_\_\_

License: \_\_\_\_\_

Post-graduate training: \_\_\_\_\_

Are you seeking AAASECT Certification?      YES      NO

If yes, which Certification? \_\_\_\_\_

Would you like a mentor who is AAASECT certified?      YES      NO

If yes, which one: \_\_\_\_\_



Professional interests and specialties:

I would like mentoring in the following areas (check all that apply):

Therapy

Counseling

Education

Research

Employment Assistance

Other \_\_\_\_\_

Please describe any additional benefits you hope to receive from the mentoring program: