



AASECT Mentor Interest Form

AASECT members wishing to volunteer as a mentor should complete this form, and submit via email to info@aasect.org.

First Name: _____

Last Name: _____

AASECT Member ID: _____

Email: _____

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 degree/training: _____

AASECT Certification(s): _____

How many years have you been AAASECT Certified? _____

How many years have you worked in your chosen field? _____

Other professional certification(s): _____



Professional interests and specialties:

I am interested in mentoring in the following areas: (Check all that apply.)

Therapy

Counseling

Education

Research

Employment Assistance

Other _____

Please describe your interest in mentoring new AASECT members.