



Society for Women  
Environmental  
Professionals  
Massachusetts

## SWEP Mentoring Program Interest Form

SWEP's mentoring program is open to students, entry/mid level professionals (1-10 years), and experienced (10+ years) professionals.

I am interested in participating as a:

protégé

mentor

Name: \_\_\_\_\_  
(First) (MI) (Last)

Company/Affiliation Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Telephone (1): \_\_\_\_\_

Telephone (2): \_\_\_\_\_

email: \_\_\_\_\_

### Professionals:

Years of Professional Experience: \_\_\_\_\_

Area of Professional Experience: \_\_\_\_\_

### Students:

College Name: \_\_\_\_\_

Degrees Obtained/Current Program: \_\_\_\_\_

Area of Study: \_\_\_\_\_



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Main Career Interests (Use 1 primary interest and 2 for secondary interest)

Business Development	<input type="checkbox"/>	Project Management	<input type="checkbox"/>
Environmental Law	<input type="checkbox"/>	Air Quality	<input type="checkbox"/>
Remediation \ Brownfields	<input type="checkbox"/>	Management/Supervision	<input type="checkbox"/>
Small Business	<input type="checkbox"/>		

Other:

Professional Society Memberships: \_\_\_\_\_

Licenses/Registrations: \_\_\_\_\_

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Other information that is pertinent to mentoring-protégé relationship. \_\_\_\_

What benefits do you hope to receive from participation in this program? \_\_\_\_

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