

Garrison Mentoring Program (GMP): Phase II - Call for Opportunities

Mentor Profile

Name:	Directorate/Agency:
Job Title:	Email:
Phone Number:	Pay Plan, Job Series and Grade:
Career Program - Yrs in CP/CF:	Total Yrs Federal Service:
Highest CES Level (DL/RES/Completed/Wait List):	SDC (Res/On-line):
Supervisor's Name, Title, Email, and Phone Number:	
Professional Highlights:	
Career Chronology:	
Significant Training:	
Significant Experiences:	
Education:	
Leadership Philosophy:	

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Awards/Honors/Professional Memberships and Associations:
Special Interests/Hobbies:
Things I Dislike:
What do you Hope to Learn or Gain from Being a Mentor?
What do you Believe are the Responsibilities of a Mentor?
Why Would you be an Effective Mentor?
What Would be Your Goals and Objectives for a Mentee?

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Mentor Agreement:

I request consideration to serve as a GMP mentor. I understand participation is voluntary and I may withdraw at any time. At the discretion of my supervisor, I may be given reasonable duty time for GMP activities. **My participation in this program is not a guarantee of training, assignment, promotion, or career advancement.** I understand that if selected for the GMP, I will be expected to complete all program requirements. I also understand completion of this program may require the commitment of personal time.

I certify that the information contained in this application and in the attachments are accurate and reflects my qualifications and desires.

Applicant Signature/Date: _____

Immediate Supervisor Recommendation:

Describe why you are recommending this applicant for the selected program, what are your expectations of the employee upon completion of this program, and how your organization will benefit from the applicant's participation?

Supervisor Endorsement:

I validate that the information provided in this application is correct to the best of my knowledge. I support my employee's application and participation in the GMP. I understand if selected, that during my employee's involvement in the GMP, I will provide on-duty time to complete program requirements.

Supervisor Signature/Date: _____

Approved/Disapproved (explain any disapproved decisions):

Director/Activity Chief Signature/Date: _____

***Incomplete packets will be returned.**

**Size of above boxes can be expanded to include additional important information.

***Forms and any accompanying documents will be forwarded to the Workforce Development Program Manager, Mr. Duane Soumis, duane.e.soumis.civ@mail.mil, WFD Program Manager, Fort Campbell, KY, 270-412-3104.

Along with this Application, include:

Applicant's current Civilian Record Brief

Applicant's current Individual Development Plan

Applicant's last two Evaluations