

Name: _____ Title: _____

SMPS # (If Member): _____ Years of Membership: _____

Contact Information

Years of Experience: _____

Firm Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ email: _____

Degrees/Education: _____

Hobbies/Interests: _____

Principal/Manager Signature (*Optional*): _____

1. Check all positions that you have held in the industry during your career.

- | | |
|---|---|
| <input type="checkbox"/> Chief Marketing Officer (CMO) | <input type="checkbox"/> Marketing Research Specialist |
| <input type="checkbox"/> Business Development Manager/Director | <input type="checkbox"/> Graphics Specialist |
| <input type="checkbox"/> Marketing Manager /Director | <input type="checkbox"/> Marketing Consultant / Specialist to A/E/C firms |
| <input type="checkbox"/> Proposal Manager | <input type="checkbox"/> Technical position (licensed) |
| <input type="checkbox"/> Marketing Assistant/Coordinator | <input type="checkbox"/> CPSM |
| <input type="checkbox"/> Principal / Vice President / President
/ Senior Management | <input type="checkbox"/> FSMPS |
| <input type="checkbox"/> Client or Account Manager
/ Sales Representative or Manager | <input type="checkbox"/> Current/Past SMPS Board Member |
| <input type="checkbox"/> Communications Director / Specialist | <input type="checkbox"/> Other: _____ |

2. Check all disciplines in which you have been employed or have consulted during your career.

- | | |
|--|---|
| <input type="checkbox"/> A/E/C Industry Consultant | <input type="checkbox"/> Graphics/Photography/Printing |
| <input type="checkbox"/> Architecture/Planning/Interior Design | <input type="checkbox"/> Media/Publications |
| <input type="checkbox"/> Community Outreach/Nonprofit | <input type="checkbox"/> Multimedia/Technology |
| <input type="checkbox"/> Consultant – Marketing/PR | <input type="checkbox"/> Program Manager/Owner's Representative |
| <input type="checkbox"/> Construction – General or Speciality | <input type="checkbox"/> Surveying |
| <input type="checkbox"/> Engineering – (please specify): _____ | <input type="checkbox"/> Training/Customer Service |
| <input type="checkbox"/> Government | <input type="checkbox"/> Other (please specify): _____ |

3. Have you ever been a mentor?

Yes If yes, which organization? _____
No

4. Have you ever been a protégé?

Yes If yes, which organization? _____
No

5. What do you feel are the top three strengths you will bring as a mentor?

- | | |
|--|---|
| <input type="checkbox"/> Provide counsel, guidance, suggestions, feedback, brainstorming, alternatives to consider | <input type="checkbox"/> Provide support and encouragement |
| <input type="checkbox"/> Provide coaching, training, education, resources | <input type="checkbox"/> Share experiences that led to success |
| <input type="checkbox"/> Be a sounding board by listening to a protégés concerns and issues | <input type="checkbox"/> Provide insights into goals and objectives |
| | <input type="checkbox"/> Other: _____ |

6. Check all of the areas that you are interested in working with a protégé:

- ☐ Basic industry knowledge
- ☐ Budgeting/Finance
- ☐ Business Development
- ☐ Career Advancement/Decisions
- ☐ Communications/Public Relations
- ☐ Corporate Culture
- ☐ Diversity (gender, ethnicity, age) issues
- ☐ Graphics/Artistic Direction
- ☐ Leadership and Facilitation
- ☐ Marketing Management/Coordination
- ☐ Marketing Research
- ☐ Strategic Planning
- ☐ Technology
- ☐ Other(please specify): _____

7. Preferred day/time for monthly meetings: _____

8. Would you be interested in mentoring more than one protégé in a group setting, possibly with another mentor? _____

9. Please attach your resume and return to Nicole Lane.

Point of Contact:

Nicole Lane
nicole.lane@crbusa.com
785-418-1812