



PMI LUXEMBOURG MENTOR PROGRAM

Application – Mentor

Full name:

Email address:

Phone number:

Are you Luxembourg Chapter member? Yes No

What industry are you working in?

What topics of expertise are you comfortable to cover as a mentor?

Please submit signed Application and Consent form to volunteers@pmi.lu.

In case of any questions regarding the Mentor Program, please contact volunteers@pmi.lu.

Will you be willing to work with other topics, if requested by mentee? Yes No

What language do you prefer?

What mode of meeting do you prefer (online or in person)?

What are your expectations from the mentee?

What is your goal as a mentor?

Can you commit to the Mentor Program meetings standards (3-6 meetings over a period of 6 months)? Yes No

