



Capital Region Human
Resource Association



Mentor Enrollment Form for CRHRA Human Resources (HR)
Mentoring Program

Name: _____

Address: _____

Phone: _____

E-mail: _____

Best time to contact: _____

Education/Degree: _____

Job Title: _____

Company: _____

Please select the areas of HR that you would like to advise students on:

Compensation and benefits Recruiting/Selection Labor Relations/Legal

Employee Relations/Performance Management Training & Development

HRIS

Briefly outline your leadership experience.

How many years of management experience do you possess? Briefly outline your Management experience.

Why do you want to participate in the program?

What objectives are you hoping to achieve through the program?