

## Personal Info

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

IIBA ID #: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alt Email: \_\_\_\_\_

Preferred Languages: \_\_\_\_\_

Years of BA Experience:  0-3  4-6  7 -10  10+

Certifications:  ECBA  CCBA  CBAP  CBDA  AAC  None  Other: \_\_\_\_\_

Have you served as a volunteer for any Chapter events, committees, or board positions?  No  Yes

If Yes, explain: \_\_\_\_\_

Program Identification:  Current Program Mentee  Current Program Mentor

Previous Program Mentee  Previous Program Mentor  New Mentor Seeking Mentee  Other

If Other, explain: \_\_\_\_\_

## Availability

Session Days:  Sun  Mon  Tue  Wed  Thu  Fri  Sat  Sun

Session Times:  Mornings  Afternoons  Evenings

Preferred Frequency:  Weekly  Bi-Weekly  Monthly  Bi-Monthly

Are you a current Mentor for the Chapter?  No  Yes

If Yes, provide Mentee Name: \_\_\_\_\_

## Mentor Capabilities

Urgency:  Critical Need  Begin within 2 weeks  Can begin whenever a match is available  All

Primary Focus:  Issue  Guidance  Improvement  Professional Growth  Other

If Other, explain: \_\_\_\_\_

# Mentor Application

Select up to 3 Topics you feel you can confidently provide Mentoring for:

Topic 1: \_\_\_\_\_ Topic 2: \_\_\_\_\_ Topic 3: \_\_\_\_\_

If you selected a category such as BA Tools or Tech Specialty, please provide more details around what areas you are most proficient in, i.e. mind mapping, functional design, etc: \_\_\_\_\_

\_\_\_\_\_

If you feel you could mentor in any of the categories with a level of proficiency above novice, check this box

## Confidentiality

By submitting this completed form to the International Institute of Business Analysis (IIBA<sup>®</sup>), I grant to IIBA, its representatives, associated Chapters, and employees the right to use the information provided to assess my qualification for the IIBA Global Chapter Mentoring Program, match my data with that of potential mentees, and provide said data to final mentee selection(s). I understand that my personal data will not be provided to any party not associated with IIBA, nor will it be used to sell a product or service.

NAME: First: \_\_\_\_\_ Initial: \_\_\_\_\_ Last: \_\_\_\_\_

I agree to these terms  Date of Agreement: \_\_\_\_\_