



**International Fire Service Accreditation Congress
Mentoring Program**

Mentee Application

Name: _____

Institution or Certification Agency Name: _____

Address: _____

Telephone: _____

Email: _____ Fax: _____

Type of Accreditation Your Entity currently holds:

DEGREE – Mark all that apply

Fire

Emergency Management

Other

AS/AAS

BS

MS

Ph.D. /Ed. D

CERTIFICATE:

United States

International

Length of time requested:

3 Months

6 Months

9 Months

12 Months

What are you looking for from your mentor? IN what areas do you need assistance? Are you requesting a face to face meeting with your mentor or mentoring at a distance? **If you are requesting a visit by your mentor, your entity will be responsible for all costs incurred. Remember this a voluntary position.**

Mentee Signature

Date