



Women's Jewelry Association
Metropolitan Chapter Mentoring Program

Mentor Registration Application Form

Name: _____ Date: _____

Business Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Briefly describe your current and recent past professional activities in the jewelry industry.

As a Mentor, what are your strengths and limitations? _____

What are your expectations of a mentoring experience? _____

Have you had any previous experience as either a mentee or mentor? If yes, please explain:

What specific areas of the jewelry industry are of most interest to you? What are your special qualifications and areas of special skills? _____

No part of the mentoring service provided under the auspices of the Women's Jewelry Association (WJA) should be construed as any form of contractual or professional agreement on the part of the parties. This service is entered into voluntarily by the parties and pursuant to the written application of the person or company seeking mentoring services. WJA is not responsible for resultant activity of any kind whatsoever on the part of the person or company engaged in accepting mentoring services from WJA or which may have resulted from the mentoring services provided under the auspices of WJA.

Signature: _____