



NOMAArizona

P.O. Box 10411 | Phoenix AZ | 85064

www.nomaarizona.org

NOMA.arizona@gmail.com

NAME:

PLACE OF EMPLOYMENT:

SCHOOL

Are you a NOMA Member?

I want to be a

Please indicate three areas of interest/focus within the design profession:

Please indicate what you would like to get out of this mentoring relationship:

From the following list, what type(s) of Mentoring would you prefer? Please number in priority

Formal – written agreement, formal meeting times, involvement in daily or weekly activities

Informal – relationship without formal agreement and formal meeting schedule

Virtual – Correspondence via email, phone, computer screen time

Face to Face – In person meetings

Peer to Peer – Working Professional to Working Professional

Traditional– Working Professional to student-

Are you a licensed professional?

Are you currently in process of becoming a licensed professional?

What is your availability/expectation of time commitment?

Have you been a part of a mentorship program before?

What was your experience?

Please email your NOMAArizona Chapter Mentorship Program Form to info@nomaarizona.org