

Capital Chapter Mentoring Registration Form

Areas of Interest

Mentor applicants: Please check those areas where you believe you have skills or insights to offer a protégé. Check all that apply.

Protégé applicants: Please check those areas where you want or need to increase your skill and understanding. Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Leadership Entrepreneurship | <input type="checkbox"/> Government contracting rules |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Industry contracting practices |
| <input type="checkbox"/> Continuous improvement | <input type="checkbox"/> Defense engineering |
| <input type="checkbox"/> Personnel management | <input type="checkbox"/> Defense logistics |
| <input type="checkbox"/> Training Business management | <input type="checkbox"/> Quality control |
| <input type="checkbox"/> Business management | <input type="checkbox"/> Political insight |
| <input type="checkbox"/> Fiscal issues (budget, funding, finance) | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Interaction among government, primes, subs | <input type="checkbox"/> Organizational management |
| <input type="checkbox"/> Entrepreneurship | <input type="checkbox"/> Security/ITAR/Defense facilities |

For Program Use: (Mentorship Director will Complete)

Date Registration Form Received: _____

Mentor Match Name: _____

Mentee Match Name: _____

Date Introduction Email Sent: _____

Program Timeline for Match: _____

Date Follow Up Survey Sent: _____

Return to WID-DC Mentorship Director:
LeAnn Ridgeway
11990 Market Street, #1011, Reston, VA 20190
mentorship@wid-dc.org