

# BOMA NY MENTORSHIP PROGRAM - BECOME A MENTEE

Once completed, submit your application to Ami Shah, at: [ami@bomany.com](mailto:ami@bomany.com)

Application Date:

First Name:

Last Name:

Employer:

E-mail: (for all contact related to this program):

Phone Number: (for all contact related to this program):

What services would your ideal mentor provide:

- A sounding board/advice       Career coaching  
(helping you create a career plan, goals, etc.)       Both

Circle the following areas you want your mentor to have experience with (where '1' is top priority, '2' is your 2nd choice, and n/a is not applicable):

- |                        |                         |                         |                         |                         |                           |
|------------------------|-------------------------|-------------------------|-------------------------|-------------------------|---------------------------|
| Manager/Owner          | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> N/A |
| Third party management | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> N/A |
| Asset management       | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> N/A |
| Facilities management  | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> N/A |

Which meeting format works best for you? Please select only one:

- Only one in-person Introductory Session and one in-person regular session, with the other sessions via phone
- Half in-person and half via phone
- All in-person
- No preference

List areas of expertise you are hoping your mentor has experience with ((i.e. budgeting, HVAC, leasing, marketing):

What would you like to get out of this program?