

MMCCA MENTORING PROGRAM
I WOULD LIKE TO BE A MENTOR/ MENTEE

Return completed form to: Jean White, CMC
Post Office Box 215
Edwards, Mississippi 39066

Email: townofedwards@aol.com
Fax: 601/8552-8521

Name: _____ Title: _____

Work Phone Number: _____ Fax Number: _____

Email Address: _____

Name of City or Town: _____

Population of Municipality: _____ Form of Government: _____

City or Town located in: Northern _____ Central _____ Southern _____

How long in Clerk Position? _____

CMC or MMC? _____

Method of Communication? _____

Have you ever been a mentor? _____

Have you ever had a mentor? _____

What is the name of software your City/Town use? _____

Is your City/Town a member of MML? _____

Are you a member of IIMC? _____

Do you attend: _____ Clerk Certification Update
_____ MMCCA Annual Conference
_____ IIMC Regional IV Meeting
_____ IIMC Annual Conference

Mentoring commitment is for one year from the date of assignment