

# MMCCA MENTORING PROGRAM

## I WOULD LIKE TO BE A MENTOR/MENTEE

**RETURN COMPLETED FORM TO:** Servia Fortenberry, CMC  
City of McComb  
115 3<sup>rd</sup> Street  
McComb, MS 39648  
Email: [sfortenberry@mccomb-ms.gov](mailto:sfortenberry@mccomb-ms.gov)  
Fax: 601-684-7656

Date \_\_\_\_\_

**Contact Numbers**  
**Office: 601-684-4000 ext. 224**  
**Cell: 601-249-8328**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of City/Town: \_\_\_\_\_

Population: \_\_\_\_\_ Form of Government: \_\_\_\_\_

Location of City/Town: Northern \_\_\_\_\_ Central \_\_\_\_\_ Southern \_\_\_\_\_

How long have you been in Clerk position \_\_\_\_\_

Do you have CMC or MMC: \_\_\_\_\_

Preferred method of communication: \_\_\_\_\_

Have you ever been a mentor: \_\_\_\_\_ if so, When \_\_\_\_\_ Where \_\_\_\_\_

Have you ever had a mentor: \_\_\_\_\_ if so, When \_\_\_\_\_ Where \_\_\_\_\_

What software does your City/Town use: \_\_\_\_\_

Is your City/Town a member of MML: \_\_\_\_\_

Are you a member of IIMC: \_\_\_\_\_  
(There is a two (2) year requirement)

Do you attend: \_\_\_\_\_ Clerk Certification  
\_\_\_\_\_ Winter Education Workshop  
\_\_\_\_\_ MMCCA Annual Conference  
\_\_\_\_\_ IIMC Regional IV Meeting  
\_\_\_\_\_ IIMC Annual Conference

**Mentoring commitment is for one year from the date of assignment**