

MMCCA MENTORING PROGRAM

I WOULD LIKE TO BE A MENTOR/MENTEE

RETURN COMPLETED FORM TO: **Kimberly Johnson, CMC**
Town of Smithville
PO Box 10
Smithville, MS 38870

Email: tostc@traceroad.net
Fax: 662-651-5226

Date _____

Contact Numbers
Office: 662-651-4411
Cell: 662-640-1465

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