

**Springfield Area Human Resources Association
MENTORING PROGRAM
Student Application**

Name: _____

Address: _____

Phone: _____ Alternate Phone: _____ Email: _____

I prefer to be contacted: by email _____ by phone _____

Explain your affiliations with any Student Activities/Organizations: _____

Area(s) of HR you would like to learn more about or pursue in your career:

- | | |
|----------------------------------|---------------------------------|
| _____ Compensation & Benefits | _____ HR Research |
| _____ Employee & Labor Relations | _____ Training & Development |
| _____ Employment Practices | _____ Workplace Health & Safety |
| _____ Workplace Diversity | _____ Consulting |
| _____ Career Services | _____ Unknown/ Any of the above |

Attach a resume, including HR work/internship/volunteer experiences.

Indicate why you want to participate in the Mentoring Program: _____

Current academic institution attending: College(s)/University(ies) Attended: _____

Degree(s)/Major(s): _____

Cumulative GPA: _____ Expected Graduation Date: _____

By signing below, I agree to abide by Mentorship Guidelines. I have read and understand the guidelines of both students and mentors who are selected to participate in the SAHRA mentoring program.

Signature: _____ Date: _____

Please email completed mentor program application to Dr. Scroggins, SHRM Student Chapter Faculty Advisor, at wesscroggins@missouristate.edu