**SafeBuild Alliance Mentoring Program 2016-17**

SafeBuild Alliance Mentor Application

**Business Information**

Business Name

**Primary Contact**

|  |  |
| --- | --- |
| Name | Title |

|  |  |
| --- | --- |
| Phone | E-mail |

To help us assess how you, and mentees might be best served in the SafeBuild Alliance mentorship program, please provide the following information?

Why do you want to participate in the SafeBuild Alliance mentorship program?

Are you able to commit to meeting once per month (for 9 consecutive months) with your mentee?

Leaders within a company are key to shifting the culture toward a zero incidents. Which company leaders are supporting the mentorship program and are they willing to also participate in the mentorship program when necessary?

What do you hope to gain by participating in the SafeBuild Alliance mentorship program?

Do you have a preference of the type of contractor you would like to mentor with? GC/Trade/Specialty? Is there a specific contractor you would like us to help partner you with for this mentorship?

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**Member Commitment**

We agree to promote the mission of SafeBuild Alliance: To provide support for and encourage highly collaborative and innovative cultures to achieve an injury-free workplace.

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| --- | --- |
| **Signature** | **Date** |
| **Print full name** | **Title** |

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