

## Mentee

## I would like to be a MENTEE

Name:	
Title:	
E-mail address:	
Work Phone:	
Name of City:	
Name of Clerks Region:	
Population of Municipality:	
Form of Government: (check one that applies) Mayor/Council City Manager Mayor/Commission Urban/Metro Other	
How long in a Clerk position?	
Indicate areas where you need assistance: (check	all that apply)
Agendas/Minutes Bonds Business Licensing/Occupational Tax Ordinances/Codification Conflicts of Interest/Financial Interests Meeting Packets Document Imaging Government Financing Liquor License Open Meetings Laws Meeting Protocol Annexations	Utilities Personnel/Human Resources Public Records Request Records Retention Municipal Orders/Resolutions Risk Management Boards/Committees Websites Social Media Insurance Premium Tax Property Tax
If you have a specific need not listed above, pleas	e describe:
Are you willing to travel: Yes No	
The KMCA Mentoring Program Committee anticipates to check-in with the mentee on a regular basis.	