



Young Professionals
CHAMBER OF COMMERCE HAWAII

MENTOR HAWAII

COHORT 10

SPONSORED BY:



First Name:		Job Title*:	
Last Name:		Employer Name*:	
Email:		<i>*If selected for Cohort No. 10, these will be used for identification and marketing purposes.</i>	
Cell Phone:			
<input type="checkbox"/> This is my first time applying for the Mentor Hawaii program <input type="checkbox"/> I've previously applied for the Mentor Hawaii program. Year(s) applied: _____			
Are you a Chamber YP Member?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> If you are not currently a Chamber YP Member, please acknowledge by checking this box that you understand that you will need to purchase a one-year membership to participate in the program: <ul style="list-style-type: none"> • \$50 if a 2022 or 2023 college graduate • \$50 if a neighbor island resident • \$100 if employed by a Chamber member • \$100 if you are a government employee • \$150 if employed by a non-Chamber member 			
Complete and email your application to the YP Mentor Hawaii Committee at ypmentorhawaii@gmail.com.			

Important Dates!

- For **Early Bird Pricing of \$300.00**, submit your application by: **Thursday, January 16, 2025.**
- For **Regular Pricing of \$325.00**, submit your application by: **Thursday, January 23, 2025.**

1. Please share your professional and/or personal goals and how you believe acceptance into the Mentor Hawaii program will help you achieve these goals.

2. What are you hoping to gain from the program besides mentorship (ex: networking with cohort members, YP event attendance, panel discussion, etc.)?

3. What qualities, experiences and/or leadership background are you looking for in a mentor?

4. If you are selected for the program, you will be paired with the best mentor to fit your needs. The Committee will do its best to consider your application responses and your desired mentor and/or industry preference(s). If unsure about your mentor preferences, indicate your desired mentor's industry preference(s).

Please enter your first mentor choice:

Please enter your second mentor choice:

Please enter your third mentor choice:

Please enter your desired mentor's industry preferences:

5. What community activities or organizations are you involved with? Please include roles, duties and time frame. If responses to this question can be found in your resume please indicate, "See resume."

6. How will you use your skills and insights gained from this program to make a meaningful impact in Hawaii?

7. What are your meeting preferences with your mentor? Check all that apply.

- Video Conference (e.g. Zoom, Webex, Microsoft Teams)
- Breakfast Meeting
- Lunch Meeting
- Pau Hana
- Coffee / Tea
- Phone Call
- Other _____

8. How did you hear about YP Mentor Hawaii Program?

- YP Member (please note member in "Other")
- COC Website / Email
- Social Media
- Mentor Hawaii Mentor (please note mentor in "Other")
- My company / Employer
- Other _____

9. Attach your current resume.

10. Attach your current head shot in either .JPG or .PNG format.

11. Initial to confirm your commitment to attend all mentoring sessions (minimum of five), with dates determined in advance and in agreement between you and your mentor.

Initials:

Complete and email your application, or send inquiries, to the [YP Mentor Hawaii Committee](#) at ypmentorhawaii@gmail.com. Please sure to attach your current resume and current head shot.