



S U F F O L K
 U N I V E R S I T Y
 SAWYER BUSINESS SCHOOL

Public Management
 Department

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Mentor Contact Information	
First Name	
Last Name	
Title	
Organization	
Mailing Address	
City, State, Zip Code	
Home Phone	
Work Phone	
Email Address	
Best time/place/method in which to contact you (email, voicemail, etc.)	
Areas of <i>Professional</i> Interest	
What do you hope to gain from being a part of this mentor program?	
Did you participate in the Mentor Program last year?	
I give my permission to share my contact information with students and mentors in this program (circle)	Yes No
Please Sign Here	

Please include a copy of your resume – it will help with the process of pairing the mentor and mentee for a more appropriate match.