

2011 SAHRA/OSU HRMA Mentor Program

Mentor Requirements:

Be a current HR practitioner.

Be willing to commit to the mentor program for 1 semester.

Be willing to provide suggestions and feedback.

Complete mentor enrollment form.

Mentor Guidelines:

Make initial contact with mentee within one week of assignment.

Communicate with mentee at least once every two weeks.

Complete at least two of the suggested activities.

Suggested meeting guidelines:

Phone Contact

Arrange initial meeting and discuss scheduling.

1st Meeting

Discuss current job responsibilities.

Explain how you got into the profession.

Discuss the necessary academic and personal preparation need for your career.

Share your feelings on the importance of networking and continued professional development.

2nd Meeting

Invite mentee for a work site visit.

3rd Meeting

Discuss work site visit.

Complete suggested activity (list below).

4th Meeting

Discuss mentor experience and value of additional meetings or contact.

Complete suggested activity.

Suggested meeting activities:

Lunch with mentor, mentee, and other HR professionals to discuss everyday challenges practitioners encounter in their work.

Mentee attends a company training program with mentor.

Mentor and mentee discuss proper business and telephone etiquette and corporate protocol.

Mentee attends a safety committee meeting with mentor.

Mentee attends a company staff meeting.

Mentor and mentee attend a professional SHRM chapter meeting together. Mentor introduces mentee to other HR professionals.

Mentee accompanies mentor to other professional meetings attended. Mentor discusses common employee grievances and issues such as sexual harassment and substance abuse. Explains how they are handled.

Mentee observes the development of a special project such as a wellness program or health fair.

Mentor reviews mentee's resume and offers suggestions for improvement.

Mentee observes a day of recruiting.

Mentor Program Enrollment Form

MENTOR

Mentor Profile

Name:

Job Title:

Organization:

Office Phone:

Cell Phone:

I prefer to be contacted at work ____ on cell ____.

Best time to call:

Organization Address:

E-mail Address:

Type of Organization:

HR Experience

Brief Description of Job Responsibilities:

Areas of HR Expertise:

Education

Professional Certifications/Memberships Held:

College/University Attended:

Major:

By signing this form, I commit to the SAHRA/OSU HRMA Mentor Program .

X

X

Date

Please return completed form to Coral White 106a Whitehurst Stillwater, OK 74078 or e-mail coral.white@okstate.edu.