

HRACO Membership Questionnaire

The HRACO Board requests that you complete the following questionnaire to help us determine which members may be interested in participating in a mentoring program (either as a mentor or as a mentee).

Please turn in your completed form at the December HRACO meeting or by email to Sally Sorenson, Mentoring Program Chair, at sorensonsally@yahoo.com.

Name: _____ Title: _____

Cell phone: _____ Email address: _____

Certification: PHR SPHR GPHR Calif. Certification

Member of SHRM? Yes No Member of HRACO? Yes No

Yrs in HR field? _____ Yrs in mgmt? _____ Union experience? Yes No

Industries where you have practiced HR: _____

Areas of specialization: _____

Areas of interest: _____

Please indicate your interests in the following areas so that, as your professional organization, we can support your needs and areas for growth and development:

1) Are you interested in participating in a mentoring program? Yes No

2) If yes, please indicate which role interests you and what would you hope to gain from this relationship?

Mentee _____

Mentor _____

Please feel free to share constructive feedback and ideas with any of the HRACO Board Members at any time.

Thank you for completing and returning this questionnaire!