**UNIVERSITY OF WISCONSIN-MADISON**
**WOMEN FACULTY MENTORING PROGRAM**

**PARTICIPANT INFORMATION: UNTENURED FACULTY RESPONSE**

## I. CONTACT INFORMATION

Name:_____ Date:_____
*(please print)*
Campus Address:_____

E-mail Address:_____ FAX Number:_____

Campus Telephone Number:_____ Home Telephone Number:_____
*(optional)*

## II. PROFESSIONAL EXPERIENCE

Department(s):_____

Divisional Affiliation:

_____ Arts & Humanities

_____ Biological Sciences

_____ Physical Sciences

_____ Social Studies

Academic Interests:

What special experience, knowledge or skills are you looking for in a mentor?
(E.g., feminist research/publishing; knowledge of grant-writing; recognition for excellence in teaching; outreach/extension appointment; significant committee experience; extension of the tenure clock; one or few women in department)

## III. PERSONAL EXPERIENCE

_____ Ethnic Minority
_____ Lesbian/Bisexual
_____ Partner/Spouse Unemployed
_____ Single
_____ Other *(please specify)*:_____

_____ Childcare Responsibilities
_____ Dependent Care Responsibilities
_____ Elder Care Responsibilities

_____ Adoptive Parent
_____ Biological Parent
_____ Single Parent

Name/Age of each child:

_____

_____

_____

_____

Personal Interests:

*Please return this form to the Women Faculty Mentoring Program at Room 132, Bascom Hall. Thank you.*