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| --- | --- | --- | --- |
| First Name: |  | Last Name: |  |
| Email: |  | Phone: |  |
| Agent & Agency:(If Applicable) |  | # Years Acting Experience: |  |
| IMDB Link: |  | Resume Included? | Yes / No |
| Website Link: |  | Head Shot Included? | Yes / No |
| Have you ever been involved in a mentorship program in the past? If yes, please explain your experience. (maximum 50 words) |
|  |
| In a mentorship program, the results are largely driven by the mentee. How do you feel about this? (maximum 50 words) |
|  |
| Please share your background (maximum 250 words) |
|  |
| Please outline your current industry involvement (i.e.- events attended, memberships, film competition participation, etc) |
|  |
| Briefly describe your acting-related education (maximum 150 words) |
|  |
| Please highlight or review which items on your resume you found and/or auditioned for without involvement of an agent. |
|   |
| What are your recent challenges? |
|  |
| What are you currently working on in your acting? (i.e. – specifically related to craft or skill) |
|  |
| **Please outline any specialized skills or training (maximum 150 words)** |
|  |
| **What time commitment are you expecting to spend on this program?** |
|  |
| **Who do you currently go to for advice regarding acting or the film industry?** |
|  |
| **Please describe yourself and your involvements outside of acting or the film industry.** |
|  |
| **What are your other priorities and where do you see acting fitting into those?**  |
|  |
| **What are your long term goals or plans for your acting career? (i.e. – what is your dream future for your career, or what ideal roles would you like to do, or what do you plan to be doing in 5 or 10 years time?)** |
|  |
| **What are the top three goals you have for the mentoring program?** |
| 1. |
| 2. |
| 3. |
| **Other than the three main goals, is there anything else you hope to gain from or experience in, the mentorship program?** |
|  |
| **Who is an example of your ideal mentor or who are you hoping to be matched with in this program?** |
|  |
| **What criteria are important for you in the matching process? Consider whether you would relate better to a male or female mentor, whether you would prefer any cultural/ethnic background, sexual orientation, or disability (if so, please describe).** |
|  |
| **Is there anything else that a mentor should be aware of, or you would like them to know, before starting the program?**  |
|  |
| **For Statistical Purposes Only (These are optional however are very important to ensuring our own records and accountability.)** |
| How do you identify (Y/N – mark as many answers as applicable): | What is your age range: | Do you consider yourself to be: (Y/N - mark one answer) |
| Caucasian |  | 18 – 30 |  | Heterosexual  |  |
| BIPOC |  | 31 – 40  |  | Lesbian / Gay |  |
| Mixed Race |  | 41 – 50 |  | Bisexual |  |
| Other (please specify) |  | 50+ |  | Not listed above (please specify) |  |