



CHAMBER OF
COMMERCE
Serving Peoria Since 1919



PEORIA CHAMBER OF COMMERCE

MILITARY AFFAIRS COMMITTEE MENTORSHIP APPLICATION

Date: _____

Name: _____

Address: _____

Phone Number: _____

E-Mail Address: _____

Status: _____ Active Duty/Reserves (Still Serving)

_____ Transitioning Service Member

_____ Veteran (Honorable Discharge Required)

Branch of Service: _____

Highest Rank Achieved: _____

Years of Service: _____

Primary MOS: _____

Employer Information:

Name: _____

Address: _____

Phone Number: _____ Year Started: _____

Military Awards/ Achievements: _____

Personal Awards/ Achievements: _____

Have you ever been a mentor before? Why do you want to be a mentor?: _____

Long Term Goals: _____

Family, Interests, and Hobbies: _____

Additional Attachments:

- **Resume** (Required)
- **Personal Statement** (highlight any data or information that would help the selection committee choose you from among all others)
- **DD-214** (Not required to apply, but must be provided upon request)

Certification: *"I certify that all information contained in this application and all attachments is true and accurate."*

Signature Date

**Rules and regulations of this program are decided on by the Peoria Military Affairs Committee and its members.*

Peoria Chamber of Commerce
8385 W Mariners Way, Ste 3
Peoria, AZ 85382
623-979-3601

Send Completed Packet to:

support@peoriachamber.com or you can complete the application online at
www.peoriachamber.com

