Invest in yourself and your future

The WTS Atlanta Chapter wants you to have the opportunity to grow as a professional and is offering this very unique program as a next step. As a protégé, you will find this program beneficial in advancing your professional growth. The program will consist of a series of six informative sessions which will be held throughout the Metropolitan Atlanta Area with a closing recognition ceremony and celebration facilitated by an extraordinary leader within the transportation industry. Due to the structure of the program, space is limited. Please review the application requirements and WTS Atlanta looks forward to receiving your application for participation in the 2020 program.

Criteria for participation

A protégé must be an emerging professional in the transportation industry. The protégé must be committed to attending the program sessions and spending time with your mentor outside of the schedule programs. Selection will be based on a statement of personal goals, WTS participation, years of WTS membership, and professional background.

Your commitment

To ensure your success and the success of the program, you must make a commitment to attend ALL sessions and arrive on time. You are also making a commitment to meet or phone with your mentor at least four times throughout the course of the program. When you sign and submit this application, you are making a commitment that you understand this obligation and will fully participate.

Contact

For more information on the Mentor-Protégé Program, please contact Iris N. Ortiz at 470-351-6380, iortiz@hntb.com or Jordyn Jones at 678-677-1755, jordyn.jones@arcadis.com.
WTS Atlanta Protégé Application

1. Name: _______________________________________________________________
2. Job Title: _____________________________________________________________
3. Telephone: ____________________________________________________________
4. E-Mail Address: ________________________________________________________
5. Provide a description of your current professional role:
   ______________________________________________________________
   ______________________________________________________________
6. Current Company/Organization Name:
   ______________________________________________________________
7. Number of Years as a WTS Member: ________________________________
8. Degree(s) Earned: ___________________ Year Graduated: ___________________
9. How many years of professional experience do you currently have? _____________
10. Briefly describe your past professional roles:
    ______________________________________________________________
    ______________________________________________________________
    ______________________________________________________________
11. What time of day do you prefer the programs?
    □ Morning    □ Lunch    □ Dinner    □ Doesn’t Matter
12. Please indicate if you are willing and able to commit to the required time constraints of the program (Program Kick-off April 23, 2020, 5 monthly meetings, one on one meetings with paired mentor)? ________________________________
13. What are some programs or topics that you are interested in?
    ______________________________________________________________
    ______________________________________________________________
14. List and describe two professional roles, industries or specializations that you are currently interested in pursuing or would like to explore through the program.

____________________________________________________________________

15. What do you consider important qualities for a mentor?

____________________________________________________________________

____________________________________________________________________

16. Is there anything you would like to tell us about your interest in the program or that may inform the matching process? (e.g., professional interest/experience)

____________________________________________________________________

____________________________________________________________________

(Optional) We strive to host inclusive and accessible events to everyone. Please let us know of any dietary restrictions (vegan/vegetarian, other) or any required accessibility accommodations.

____________________________________________________________________

Personal Goals
Briefly describe what your personal goals are:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Briefly describe what you hope to get out of the Mentor/Protégé Program:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Signature: ___________________________ Date: _______________________________

Return completed application to Iris N. Ortiz, at iortiz@hntb.com by February 21, 2020 for consideration. Applicants will be notified by March 9, 2020.