



VPPPA Mentoring Program Mentoring Application Form

Thank you for expressing interest in the VPPPA Mentoring Program! Please fill out this form completely so we may match your site with a mentor that most closely meets your needs.

Are you looking to become a VPP site?

- yes no
 just need general safety & health support

Are you interested in obtaining information regarding the OSHA Challenge Pilot?

- yes no

Contact Name/Title:		
Company:		
Street Address:		
City:	State:	Zip code:
E-mail:		
Phone:	Fax:	
SIC code:	Number of Employees:	

Briefly describe what your site produces and/or its functions:
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If your site has been working with a current VPP participant, please indicate which site:
Contact Name at that site: Phone:
If possible, would you like to work with this site as your official mentor? <input type="checkbox"/> yes <input type="checkbox"/> no

Please indicate by rating, from 1 to 3, the importance of the following characteristics with "1" as the most important.

- Whether the site has a union
 Similar Industry
 Geographic proximity

Check preference:

- Union Non-union

Names of unions at your site:

Return to:

Attn: Mentoring Coordinator
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