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| AUX_M_4_sig_w06inFlotilla Commander (nnn-nn-nn) | 1000 Name StreetYour City, State ZipPhone: nnn-nnn-nnnnEmail: email@email.com16790DD MMM YYYY |
| **MEMORANDUM** |
| From: | (Name of Flotilla Commander) |  |  |
| To: | (Name of Mentee) |
| Subj: | MENTOR ASSIGNMENT  |

1. Welcome to Flotilla \_\_\_\_\_\_\_\_! \_\_\_\_\_\_\_\_\_\_\_ has volunteered to serve as your Primary Mentor. He/She was selected on the basis of his/her knowledge, skills, experience, integrity, and instructor perspective.
2. As your Primary Mentor\_\_\_\_\_\_\_\_\_\_\_\_\_\_ responsibilities are broad in scope and very important to your successful acclimation to the Coast Guard Auxiliary as all new members require a period of acclimation to become fully integrated to the Auxiliary.
3. \_\_\_\_\_\_\_\_\_\_\_ will be responsible for guiding you through that process, to advise you, and to refer you to resources which enable you to realize your personal goals. \_\_\_\_\_\_\_\_\_\_\_ will make every effort to ensure that you are aware of all Flotilla meetings and events, any relevant training, and of the other opportunities within the Auxiliary. Likewise, I encourage you to complete your basic qualification training within your first three months of membership.
4. \_\_\_\_\_\_\_\_\_\_\_\_ will send you by email a New Member Guide and will schedule a meeting with you at your earliest convenience to review the guide and to explain how to obtain all of the required manuals and policy documents. He/She will also explain the Chain of Leadership and Flotilla staff functions. You can also ask \_\_\_\_\_\_\_\_\_\_ for assistance in obtaining proper uniforms and how to wear them properly.
5. \_\_\_\_\_\_\_\_\_ email address is \_\_\_\_\_\_\_\_\_ and his/her phone number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_.
6. \_\_\_\_\_\_\_\_\_\_\_has volunteered to be a guide, an advisor, a teacher, and a friend. Your Primary Mentor is a valuable resource so do not hesitate to ask questions. Ultimately, the satisfaction you derive from your Auxiliary membership will be directly proportional to your level of participation in the Auxiliary's activities.

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Copy: Name of Mentor

 VFC (nnn-nn-nn)

FSO-HR (nnn-nn-nn)

FSO-MT (nnn-nn-nn)