



NAHN Unidos: A Mentorship Program

Our Mission: NAHN Phoenix Chapter is committed to advancing the health of the Hispanic community in Arizona, through advocacy and educational, professional, and leadership opportunities for Hispanic Nurses.

Our Values: Inclusive, Excellence, Commitment, Collaboration, & *Familismo*

Our Vision: Leaders in Hispanic Healthcare



Thank you for your interest in the National Association of Hispanic Nurses (NAHN) Phoenix Chapter's Mentorship Program- NAHN Unidos! *NAHN Unidos* a member-exclusive program that will help strengthen NAHN's values and help exemplify nursing leadership.

The objective for development of *NAHN Unidos* is to help develop and strengthen leadership through collaboration and *familialismo*. Through this voluntary program, participants are paired up in order to strengthen personal and professional skills, to identify and achieve both short- and long-term goals, and to help achieve NAHN's mission. This mentee-mentor relationship requires commitment and mindful planning in order to be beneficial for all members. As such, the program will revolve around activity sessions planned throughout the year. Each mentee and mentor will create a plan consisting of: short- and long-term goals, developing an agreement which delineates the method and frequency of communication and/or meeting sessions, and determination of activities that can be done during each session. To be able to participate in the program, you must be a NAHN Phoenix member.

Furthermore, there will be biannual group sessions filled with activities aimed towards developing and mastering leadership skills. These sessions are intended to serve as a resource and networking opportunity for participants.

Attached to this packet you will find:

- A survey to help program facilitators pair mentees/mentors and to know each participants' wants/needs.
- A mentee/mentor agreement, which includes communication methods and expectations for one another.
- A flowsheet of short- and long-term goals with desired outcomes.
- A meeting log template to help you stay organized.

Completion of the participation survey must be completed by Sept. 25th, 2025 in order to be considered for the *NAHN Unidos* Mentorship Program. If you have any questions, please don't hesitate to contact the NAHN Unidos facilitators at NAHNPHXUNIDOS@gmail.com.



Mentoring Agreement

NAHN Unidos aspires to develop personal and professional growth by building mentorship relationships. In doing so, NAHN hopes to create future nurse leaders and help increase minority representation in healthcare. This two-way relationship requires both mentor and mentee to understand the commitment needed in order for the program to be successful and support the objective.

Both mentor and mentee are expected to abide by the following guidelines in order to ensure both members positively benefit from the program. Once completed, keep one copy and submit a copy to the program facilitator(s).

1. The mentorship program is intended to be a safe place, thus confidentially must be kept and honored.
2. Effective communication between mentor/mentee is essential for the program's success.
3. Be respectful and open-minded when communicating with one another.
4. Be honest and direct when giving and/or receiving constructive feedback.
5. Be mindful of each other's commitments outside the mentorship program.
6. Create a meeting agreement with your mentee/mentor.
7. Be prepared to discuss expectations, goals (both short- and long-term), and objectives with your mentee/mentor.
8. Define expectations for one another and hold each other accountable.

Mentor

Mentee

Date



Mentor / Mentee Meeting Agreement

Mentor: _____
Phone number: _____
Email: _____
Best way to contact? _____
Zip code: _____
Workplace (or school institution): _____
Area/unit you work in: _____

Mentee: _____
Phone number: _____
Email: _____
Best way to contact? _____
Zip code: _____
Workplace (or school institution): _____
Area/unit you work in: _____

Preferred meeting day(s): _____
Preferred meeting times(s): _____
Frequency of meetings (i.e. once a month, every other week): _____
Approximate length for each meeting: _____

In an event that meeting day/time needs to be rescheduled, the mentor/mentee will be given at least _____ day(s)/hour(s) advance notice.

*** Note: This meeting agreement is for formality purposes. You are more than welcome to modify or adjust your meeting agreements as you see fit.**

Mentor

Mentee

Date:



Short-Term Goals

Please list any short-term professional or personal goals you wish to accomplish during the near future. Provide as much detail as you can and feel free to add more goals to the list. Try using the S.M.A.R.T goal format to clarify your ideas and to bring structure.

1. Goal:

a. Steps towards achieving goals:

b. Expected Outcome(s)

2. Goal:

a. Steps towards achieving goal

b. Expected Outcome(s)



Long-Term Goals

Please list any short-term professional or personal goals you wish to accomplish during the next year. Provide as much detail as you can and feel free to add more goals to the list. Try using the S.M.A.R.T goal format to clarify your ideas and to bring structure.

1. Goal:

a. Steps towards achieving goals:

b. Expected Outcome(s)

2. Goal:

a. Steps towards achieving goal

b. Expected Outcome(s)

Mentee:

Mentor:



Event Log

Date	Topic(s) Discussed	Hours Logged