



# COLLABORATIVE MENTORSHIP MENTEE APPLICATION

Please select your preferred category of mentor

Approaching Careers    Acknowledging Professions    Aspiring Leaders

<b>Name:</b>	<b>Gender:</b>
<b>City:</b>	<b>State:</b>
<b>NBNA Chapter:</b>	
<b>Contact Information:</b>	Cell _____ Email _____ Facebook _____ Preference <input type="checkbox"/> Cell <input type="checkbox"/> Email <input type="checkbox"/> Facebook
<b>Education (Check Highest Degree Achieved)</b>	
<input type="checkbox"/> Pre-License <input type="checkbox"/> Associate Degree <input type="checkbox"/> Baccalaureate Degree in Nursing <input type="checkbox"/> Baccalaureate Degree (in other field) <input type="checkbox"/> Other: Please indicate: _____ <input type="checkbox"/> Master's Degree in Nursing <input type="checkbox"/> Master's Degree in another field <input type="checkbox"/> Doctoral Degree	
Years in nursing:	List certifications:
Current position:	Years in current position:
Clinical Practice Specialty:	Years at current clinical agency:
Current practice setting:	Career Goals:
Have you been a mentee before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was it a positive experience? <input type="checkbox"/> Yes <input type="checkbox"/> No
How did you become involved with the Mentoring Program? <input type="checkbox"/> Personal interest <input type="checkbox"/> Asked to be a mentee <input type="checkbox"/> Part of my role description <input type="checkbox"/> Other _____	
What do you need?	How can we meet your needs?
What personal characteristics (strengths and challenges) do you have that will contribute to your ability to be mentored by an experienced nurse in this position?	
How do you hope to benefit from this program?	

Please detach your completed form and send to  
**Marcia Harris Luna: [mharrisluna@gmail.com](mailto:mharrisluna@gmail.com)** and  
**Angela Allen: [angela.m.allen@asu.edu](mailto:angela.m.allen@asu.edu)**