



# COLLABORATIVE MENTORSHIP MENTOR APPLICATION

Please select your preferred category of mentee:

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 _____	
<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:	
Practice specialty:		Years at practice specialty:	
Current practice setting:		Career Goals:	
Have you been a mentor 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"/> Volunteered to be a mentor <input type="checkbox"/> Asked to be a mentor <input type="checkbox"/> Part of my role description <input type="checkbox"/> Other _____			
How do you hope to benefit from this program?			
How do you expect your mentee to benefit from this program?			
What personal characteristics do you have that will contribute to your ability to mentor a nurse in a new position?			

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)**