# Collaborative Mentorship

**Mentee Application**

Please select your preferred category of mentor

- [ ] Approaching Careers
- [ ] Acknowledging Professions
- [ ] Aspiring Leaders

<table>
<thead>
<tr>
<th>Name:</th>
<th>Gender:</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
</tbody>
</table>

### NBNA Chapter:

### Contact Information:

Cell ____________ Email ____________

Facebook _______________________

Preference  [ ] Cell  [ ] Email  [ ] Facebook

### Education (Check Highest Degree Achieved)

- [ ] Pre-Licence
- [ ] Associate Degree
- [ ] Baccalaureate Degree in Nursing
- [ ] Baccalaureate Degree (in other field)
- [ ] Other: Please indicate: ____________
- [ ] Master’s Degree in Nursing
- [ ] Master’s Degree in another field
- [ ] Doctoral Degree

<table>
<thead>
<tr>
<th>Years in nursing:</th>
<th>List certifications:</th>
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</thead>
<tbody>
<tr>
<td>Current position:</td>
<td>Years in current position:</td>
</tr>
<tr>
<td>Clinical Practice Specialty:</td>
<td>Years at current clinical agency:</td>
</tr>
<tr>
<td>Current practice setting:</td>
<td>Career Goals:</td>
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</table>

Have you been a mentee before?

- [ ] Yes  [ ] No

Was it a positive experience?

- [ ] Yes  [ ] No

How did you become involved with the Mentoring Program?

- [ ] Personal interest
- [ ] Asked to be a mentee
- [ ] Part of my role description
- [ ] 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?

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Please detach your completed form and send to

**Marcia Harris Luna:** mharrisluna@gmail.com and

**Angela Allen:** angela.m.allen@asu.edu