

VTRANS MENTORING PROGRAM
(Mentor Application)

Name: _____ Date: _____

Position Title: _____ Phone: _____

Work Address: _____

Supervisor Name: _____ Phone: _____

Supervisor Title: _____ Division: _____

I am submitting an application for participation as a mentor. I understand participation requires:

1. Commitment to serving as a mentor for six months or more, but not more than one year (per the mentoring partnership agreement). During this time, I will actively observe, counsel, encourage, guide the mentee and assist in developing his/her skills through coaching conversations.
2. Foster a positive relationship with mentee.
3. Share knowledge and experience, and provide time on a regular basis to coach the mentee to provide support in his/her professional development.
4. Communicate with program coordinator as necessary.

What skills, knowledge or area of expertise do you believe would be helpful to share with a mentee?

- | | |
|-------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Bargaining Agreement | <input type="checkbox"/> Performance Evaluations |
| <input type="checkbox"/> Budget / Accounting | <input type="checkbox"/> Personnel Issues |
| <input type="checkbox"/> Change / Resistance Management | <input type="checkbox"/> Planning / Project Management |
| <input type="checkbox"/> Computer Applications (List) _____ | <input type="checkbox"/> Policy / Report Writing |
| <input type="checkbox"/> Conflict Resolution | <input type="checkbox"/> Presentations |
| <input type="checkbox"/> Contracting | <input type="checkbox"/> Supervisory Skills |
| <input type="checkbox"/> Cultivating innovation | <input type="checkbox"/> Team Building |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Technical (Describe) _____ |
| <input type="checkbox"/> Employee Coaching | <input type="checkbox"/> Time Management |
| <input type="checkbox"/> Facilitation / Meeting Planning | <input type="checkbox"/> Training (Describe) _____ |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Work Life Balance |
| <input type="checkbox"/> Managing Diversity | <input type="checkbox"/> Work Place Safety |
| <input type="checkbox"/> Organizational Structure | |
| <input type="checkbox"/> Other: _____ | |

Why would you like to be a mentor?

List Hobbies / Interest: *(Optional – This information can be helpful when trying to match with a mentor)*

Additional Comments/ Concerns:

Name (please print)

Signature

Date

Questions or to return this document
VTrans Training Center • email: AOT.VTTCmentoring@vermont.gov • fax 802-828-1932