

Sacramento County
Department of Child Support Services
Mentoring Program

Mentor Application

Name: _____ Job Class: _____

Work Phone: _____

Work Days and Hours: _____ Lunch Hour: _____

It is important that you complete this form thoroughly. The information will be used by the program coordinators to select participants and to match protégés with mentors. Please attach additional pages if you need more space for your responses.

Briefly describe your work history (include position, titles, and duties):

Current skills and knowledge that you consider your strengths that you would like to mentor others in:

List the skills, knowledge, or abilities you would like to share with a protégé. If more than one, please label them by highest priority.

What outcome do you expect to gain from participation in this Mentoring Program?

What would you define as “success” from this mentoring relationship?

How long do you anticipate working with a protégé on these skills (6, 9, 12 months)?

I am most comfortable teaching/communicating by: (check all that apply)

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Writing | <input type="checkbox"/> Discussion/talking |
| <input type="checkbox"/> "Hands-on" doing | <input type="checkbox"/> Video | <input type="checkbox"/> Listening |
| <input type="checkbox"/> Receiving Feedback | <input type="checkbox"/> Role-playing | <input type="checkbox"/> Participating |
| <input type="checkbox"/> Observing | <input type="checkbox"/> Other _____ | |

Are there special considerations or other things that should be known about you in determining a "best match" for a protégé? (We cannot guarantee filling your request.)

I understand that the Department of Child Support Services will approve up to one hour per week of time to participate in the departments mentoring program. I understand that supervisor or manager approval is required for participation as a mentor, and for specific time scheduled away for my duties.

Signature: _____ Dated: _____

Supervisor/Mgr. Approval _____ Dated: _____