

American Assembly for Men in Nursing Mentoring Program:

Mentee Application

1. Name:
2. Address:
3. Email address and phone number:
4. Education:
5. Brief Employment History: (include current position and specialty area)

6. **Complete the sentence below.** Although you may be tempted to stop after you have identified a reason for wanting to participate in the AAMN Mentoring Program as a **Mentee**, try to come up with a couple more reasons. It might also be helpful to think about the motivations that underlie your reasons.

My motivations for becoming a Mentee in the AAMN Mentoring Program are:

- a.
- b.
- c.

7. **What specific goals do you have as a “Mentee”? (Please list 2 or 3)**

8. **What is your vision of the “Mentor/Mentee relationship?”**

9. Explain what you would bring to a Mentoring relationship.

10. Please check the skills you would expect a "Mentor" to exhibit.

- a. Active listening
- b. Trust building
- c. Building relationships
- d. Encouraging
- e. Facilitating
- f. Goal Setting
- g. Problem solving
- h. Providing corrective feedback
- i. Receiving feedback
- j. Inspiring
- k. Developing capabilities
- l. Opening doors

11. Please provide the name and contact information for two professional references.

Thank you for your interest in the American Assembly for Men in Nursing's Mentoring Program

Please send your completed application using one of the following approaches to:

Mail: The American Assembly for Men in Nursing
Attention: Mentorship Task Force
PO Box 130220
Birmingham, AL 35213

Email: AAMN@AAMN.org

Fax: 205-956-0146