

American Assembly for Men in Nursing Mentoring Program Application

1. **Name:**

2. **Address:**

3. **Email address and phone number:**

4. **Education:**

5. **Brief Employment History:**

6. **Complete the sentence below.** Although you may be tempted to stop after you have identified your first reason for wanting to become an AAMN mentor, try to come up with a couple more reasons. It might also be helpful to think about the motivations that underlie each of your reasons.

My motivations for becoming a mentor for AAMN are:

a.

b.

c.

7. **For each of the items below, check the appropriate column, "Yes" or "No" for why participating in the AAMN Mentoring Program might appeal to you and then give an example for each of your response that illustrates your position.** Please keep in mind that everyone brings different skills, interests, and motivations to a mentoring relationship.

a. I like the feeling of having others seek me out for advise or guidance Yes No

Example:

b. I find that helping others learn in personally rewarding Yes No

Example:

c. I have specific knowledge that I want to pass on to others Yes No

Example:

d. I enjoy collaborative learning Yes No

Example:

e. I find working with others who are different from me to be energizing Yes No

Example:

f. I look for opportunities to further my own growth Yes No

Example:

8. In order to better assess your potential to be a successful mentor, please rate yourself on the following mentoring skills. Please circle the appropriate number.

1: Excellent Skills **2:** Very Good **3:** Adequate **4:** Could do better **5:** Not comfortable with the Skill

a. Active listening	1	2	3	4	5
b. Trust building	1	2	3	4	5
c. Brokering relationships	1	2	3	4	5
d. Building relationships	1	2	3	4	5
e. Maintaining relationships	1	2	3	4	5
f. Coaching	1	2	3	4	5
g. Communication	1	2	3	4	5
h. Encouraging	1	2	3	4	5
i. Facilitating	1	2	3	4	5
j. Goal Setting	1	2	3	4	5
k. Guiding	1	2	3	4	5
l. Managing conflict	1	2	3	4	5
m. Problem solving	1	2	3	4	5
n. Providing corrective feedback	1	2	3	4	5
o. Receiving feedback	1	2	3	4	5
p. Reflecting	1	2	3	4	5
q. Inspiring	1	2	3	4	5
r. Instructing	1	2	3	4	5
s. Developing capabilities	1	2	3	4	5
t. Opening doors	1	2	3	4	5

9. In a brief paragraph, please summarize why you would be a good Mentor for the American Assembly for Men in Nursing Mentoring Program.

10. 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**