

CNLA Mentoring Application Form - Mentor

Thank you for your interest in becoming a CNLA Mentor! In order to facilitate a good match between mentor and mentee, please read and complete this application.

Mentor Expectations:

- Mentor will have at least one year of experience a certified CNL.
- Mentor serves to support the mentee in addressing professional goals and questions.
- Mentor and Mentee will sign Mentor/Mentee Agreement Form, committing to clear expectations and communication.
- Mentee and Mentor will meet at least 1 hour each month (in person, via phone, or other electronic means) over a 12 month period.
- Mentee and Mentor will complete an evaluation form at the end of 6 and 12 months.
- Relationship based on mutual respect and professionalism. If any concerns that you are unable to resolve should be forwarded to the CNLA.

Please provide the following contact information:

Applicant's Name: _____

Title / Microsystem (Primary): _____

Secondary Microsystem/Other relevant experience (if applicable): _____

Institution: _____

Address: _____

Phone: _____

Email: _____

Preferred Method of Contact: ___ Phone ___ Email

I understand that my role is to support my CNL mentee's developmental process, for example by helping to develop and monitor his/her mentoring action plan, sharing organizational insights, expanding his/her network, acting as a sounding board, providing developmental experiences and feedback, etc. All information submitted on or with this information form is true, complete, and valid to the best of my knowledge and belief.

Signature

Date

To help facilitate an effective mentor/mentee match, please respond to the following:

1. Define the role of a mentor in your own words.

2. Why are you interested in being a Mentor?

3. Provide a brief paragraph summarizing your relevant experience:
(*education, work experience, specialized skills, etc.*)

4. Provide an example of a time you've mentored another colleague or how you've utilized principles of mentoring in your CNL practice?

9. It is recommended that at least 2 hours each month be set aside for interaction specific to the mentoring relationship. Are you able to commit this time to the program?
 Yes No

Please e-mail your completed application to mentors@cniassociation.org

Thank you for your interest in serving as a Mentor in the CNLA Mentoring Program! Your application will be reviewed by the CNLA Board representatives, and you will be notified about next steps.

Thanks to the work of former members of the Dept. of Veterans Affairs CNL leadership group upon whose work this form is based.
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