



COUNTY OF YOLO

Mentee Profile Questionnaire

The purpose of this questionnaire is to help the department identify what experience and expertise you, as a mentee, hope to gain from a mentoring relationship. The department will use this information to pair you with a mentor who possesses the skills and qualities you wish to develop.

Date: _____

Name: _____

Email: _____

Phone number: _____

Current position: _____

Number of years employed by Yolo County: _____

Number of years working in related field: _____

Brief summary of related experience:

My primary interest in being mentored is:

The main areas (skills, knowledge, attributes, experience) in which I'd like to receive mentoring are:

Specific areas you would like to be mentored in (Select all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Balancing personal and professional life | <input type="checkbox"/> Presentation skills |
| <input type="checkbox"/> Career guidance | <input type="checkbox"/> Program development |
| <input type="checkbox"/> Communication skills | <input type="checkbox"/> Project management |
| <input type="checkbox"/> Interpersonal skills | <input type="checkbox"/> Stress management |
| <input type="checkbox"/> Interviewing | <input type="checkbox"/> Supervision |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Time management |
| <input type="checkbox"/> Management | <input type="checkbox"/> Training |
| <input type="checkbox"/> Organization skills | <input type="checkbox"/> Other (Please specify below) |

Comments:

The traits I would like my mentor to have are:

On a personal level, my interests and activities include (things I enjoy doing outside of work):

Please submit your completed application to the (insert your department name and address here).