

## **Mentor Profile Questionnaire**

The purpose of this questionnaire is to help the department identify what experience and expertise you, as a mentor, could bring to a mentoring relationship. The department will use this information to pair you with a mentee who expresses similar interests.

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 mentoring is:
The main areas (skills, knowledge, attributes, experience) I would like to share or contribute through mentoring are:

Spec	ific areas you can share valuable experience an	d expertise	e (Select all that apply):	
	Balancing personal and professional life		Presentation skills	
	Career guidance		Program development	
	Communication skills		Project management	
	Interpersonal skills		Stress management	
	Interviewing		Supervision	
	Leadership		Time management	
	Management		Training	
	Organization skills		Other (Please specify below)	
	Organization skins		Other (Flease specify below)	
Com	ments:			
I am	not interested in or do not think I would be go	od at doing	the following as a mentor:	
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On a	personal level, my interests and activities inclu	ıde (things	I enjoy doing outside of work):	
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Supe	ervisor's review and comments (include name a	nd date):		

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