

**VTRANS MENTORING PROGRAM**  
(Mentor Application)

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Position Title \_\_\_\_\_ Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor Title: \_\_\_\_\_ Division: \_\_\_\_\_

**I am submitting an application for participation as a mentor. I understand participation requires:**

1. Commitment to serving as a mentor for six months or more, but not more than one year (per the mentoring partnership agreement). During this time, I will actively observe, counsel, encourage, guide the mentee and assist in developing his/her skills through coaching conversations.
2. Foster a positive relationship with mentee.
3. Share knowledge and experience, and provide time on a regular basis to coach the mentee to provide support in his/her professional development.
4. Communicate with program coordinator as necessary.

What skills, knowledge or area of expertise do you believe would be helpful to share with a mentee?

- |   |  |
|---|--|
| <input type="checkbox"/> Bargaining Agreement               | <input type="checkbox"/> Performance Evaluations       |
| <input type="checkbox"/> Budget / Accounting                | <input type="checkbox"/> Personnel Issues              |
| <input type="checkbox"/> Change / Resistance Management     | <input type="checkbox"/> Planning / Project Management |
| <input type="checkbox"/> Computer Applications (List) _____ | <input type="checkbox"/> Policy / Report Writing       |
| <input type="checkbox"/> Conflict Resolution                | <input type="checkbox"/> Presentations                 |
| <input type="checkbox"/> Contracting                        | <input type="checkbox"/> Supervisory Skills            |
| <input type="checkbox"/> Cultivating innovation             | <input type="checkbox"/> Team Building                 |
| <input type="checkbox"/> Customer Service                   | <input type="checkbox"/> Technical (Describe) _____    |
| <input type="checkbox"/> Employee Coaching                  | <input type="checkbox"/> Time Management               |
| <input type="checkbox"/> Facilitation / Meeting Planning    | <input type="checkbox"/> Training (Describe) _____     |
| <input type="checkbox"/> Leadership                         | <input type="checkbox"/> Work Life Balance             |
| <input type="checkbox"/> Managing Diversity                 | <input type="checkbox"/> Work Place Safety             |
| <input type="checkbox"/> Organizational Structure           |  |
| <input type="checkbox"/> Other: _____                       |  |

Why would you like to be a mentor?

List Hobbies / Interest: *(Optional – This information can be helpful when trying to match with a mentor)*

Additional Comments/ Concerns:

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Questions or to return this document*  
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