

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