



An inter-agency mentoring program of the Providers' Council

### Mentee Application Form

Please complete this application and submit along with a completed Supervisor's Recommendation/Agency Approval Form. Note: these applications are processed on a rolling basis. Once you submit ALL of your COMPLETED materials to us we will then begin the process of matching you with a Mentor.

Only complete applications will be considered; please include all of the following: 1) Applicant Information 2) Resume 3) Essay Questions 4) Participation Contract and 5) Supervisor Recommendation Form.

#### 1. Applicant Information

Name \_\_\_\_\_

Job Title \_\_\_\_\_

Agency \_\_\_\_\_  
*(Must be a Providers' Council Member)*

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

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

How long have you worked in the human services sector? \_\_\_\_\_ At your agency? \_\_\_\_\_

How long have you worked in your current position? \_\_\_\_\_

Please list any certificates or credentials you have received.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your current position as well as any prior positions you may have held at your agency. Be sure to highlight any progressive responsibility you have taken on during your employment at this agency.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OPTIONAL	
Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Ethnicity:	_____
Languages fluent in:	_____
<b>Residence Town:</b>	_____
<i>Optional, for pairing purposes</i>	

Briefly describe your previous work experience \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any specific accommodations needed? \_\_\_\_\_

2. **Resume:** Please attach a copy of your resume to this application.
  
3. **Essay questions:** Please answer each of the following four questions thoughtfully in not more than 300 words per question.
  - a. **What are your career or professional development goals? What do you plan to do to achieve your goals?**
  
  - b. **Please identify three challenges or sticking points in your professional development that you believe a mentoring relationship could help you resolve.**
  
  - c. **Using the list below or your own additions, please identify the *three* skill areas which you most want to learn about through mentoring and explain how improving in this area will help you achieve your professional and career goals.**

Operations

- Recruiting, interviewing and hiring staff
- Contract management and interpretation
- Goal setting, strategic thinking and planning
- Facilities management
- Clinical requirements and outcomes
- IT and systems management

Finance

- Development, grant writing and fundraising
- Budgeting

Communications and Marketing

- Public Relations
- Oral and written communication
- Marketing
- Building external relationships

Interpersonal Relations

- Coaching and motivating staff
- Team building
- Conflict management
- Delegation skills
- Managing diversity

Leadership

- Leading and managing change initiatives
- Promoting and implementing innovation in programs and services
- Identifying and improving agency processes
- Managing external and internal relationships

- Negotiation
- Giving and receiving feedback

**4. Additional comments**

**5. Participation Contract:**

**Participant Qualifications and Roles for Mentees**

Mentees will be Providers' Council member agency employees who

- have been working in the sector for at least two years;
- have been with their current agency in a position with supervisory responsibilities or have otherwise demonstrated or shown interest in progressive responsibility for at least one year, preferably two;
- intend to remain in the sector long term and would like to gain responsibility or one day lead an agency.

**The Leadership Initiative Participation Requirements:**

- Serving your mentorship needs: we can match you with someone for up to a year and as little as a few months. Please let us know what kind of mentorship you seeking.
- We suggest that you and your mentor meet at least once monthly with for one hour (at least one should be in person, the rest can occur via phone, skype, etc.)
- With mentor, create a list of professional development goals and steps to achieve those goals.
- Completion of an evaluation of the mentoring program individually and with your mentor.
- Attendance and participation at program orientation event and program closing event.

**Participation Contract:**

I agree that meet the aforementioned mentee qualifications and that I am able to meet the preceding requirements for participation in The Leadership Initiative. In exchange for my agency's support for my participation in this mentoring program, I agree to continue working for my current employer for at least one year after finishing the program.

Applicant signature \_\_\_\_\_

Date \_\_\_\_\_

**\*\*\*Only complete applications will be considered; please include all of the following:**

- 1) ***Applicant Information***
- 2) ***Resume***
- 3) ***Essay Questions***
- 4) ***Participation Contract***
- 5) ***Supervisor Recommendation Form***

Please return completed application to:  
Mentoring Program, Providers' Council, 88 Broad Street, 5<sup>th</sup> Floor, Boston MA 02110  
Or by email to [amccarthy@providers.org](mailto:amccarthy@providers.org) or fax to 617.428.1533



**The Leadership Initiative**

*Giving Back to Move Forward*

An inter-agency mentoring program of the Providers' Council

**Supervisor's Recommendation/ Agency Approval Form**

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Applicant's Name \_\_\_\_\_

**Please complete the following or attach a signed recommendation letter.**

I have supervised the applicant for \_\_\_\_\_ years, and have known the applicant's work for \_\_\_\_\_ years.

S/He is in the top 5% 25% 50% of all the people whom I have supervised.

In five years, I expect the applicant to be able to assume a position as \_\_\_\_\_.

**The Leadership Initiative Participation Requirements:**

- Serving your mentorship needs: we can match you with someone for up to a year and as little as a few months. Please let us know what kind of mentorship you seeking.
- We suggest that you and your mentor meet at least once monthly with for one hour (at least one should be in person, the rest can occur via phone, skype, etc.)
- With mentor, create a list of professional development goals and steps to achieve those goals.
- Completion of an evaluation of the mentoring program individually and with your mentor.
- Attendance and participation at program orientation event and program closing event.

Recognizing the program requirements, I support this candidate's participation in the program which includes providing at least 1 hour per month for the staff member to meet with his/her mentor. (Please circle)

Yes

No

Why do you recommend this applicant for the Providers' Council Mentoring Program?

The Leadership Initiative - Mentee Application

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**Skills Inventory**

Applicants to The Leadership Initiative have varying strengths, needs, and interests. The information you provide below will help us to best match the candidate you are endorsing with an appropriate mentor and will only be used for the purposes of this program, so please answer as honestly as possible. It is expected that in many areas a candidate will have much room for improvement.

For each skill area below, please circle the number that you believe best describes the candidate you are endorsing for participation in The Leadership Initiative and star the ones that you think most need to be developed during the mentoring relationship.

1=poor 2=fair 3=good 4=excellent

<b>Oral Communications</b>	N/A	1	2	3	4
<b>Written communications</b>	N/A	1	2	3	4
<b>Time Management and Managing Priorities</b>	N/A	1	2	3	4
<b>Project Management</b>	N/A	1	2	3	4
<b>Recruiting, Interviewing, Hiring Staff</b>	N/A	1	2	3	4
<b>Setting Expectations for Staff, Coaching and Motivating</b>	N/A	1	2	3	4
<b>Team Building</b>	N/A	1	2	3	4
<b>Conflict Management</b>	N/A	1	2	3	4
<b>Managing Diversity</b>	N/A	1	2	3	4
<b>Budgeting</b>	N/A	1	2	3	4
<b>Contract Interpretation</b>	N/A	1	2	3	4
<b>Marketing</b>	N/A	1	2	3	4
<b>Delegation Skills</b>	N/A	1	2	3	4
<b>Problem Solving Skills</b>	N/A	1	2	3	4
<b>Goal Setting, Strategic Thinking and Planning</b>	N/A	1	2	3	4
<b>Change Management Skills</b>	N/A	1	2	3	4
<b>Leadership Skills</b>	N/A	1	2	3	4
<b>Presentation Skills</b>	N/A	1	2	3	4
<b>Listening Skills</b>	N/A	1	2	3	4
<b>Stress Management Skills</b>	N/A	1	2	3	4
<b>Clinical Requirements and Outcomes</b>	N/A	1	2	3	4
<b>Facilities Management</b>	N/A	1	2	3	4
<b>Development, Fundraising and Grant Writing</b>	N/A	1	2	3	4
<b>Public Relations</b>	N/A	1	2	3	4
<b>Technology/Information Systems</b>	N/A	1	2	3	4
<b>Strategic Planning</b>	N/A	1	2	3	4

Please also share this with the candidate to be sure of the skill areas most in need of development through mentoring.

I endorse this candidate and support his/her participation in the program.

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

CEO/President/Executive Director Signature \_\_\_\_\_ Date \_\_\_\_\_