

Mentor Form



Background Information

Name: _____ Pronouns: _____

Educational Background (include undergraduate education, veterinary school, additional degrees and certifications, including and mentorship and DEIB courses completed)	
Special Interest Areas (i.e., areas of medicine, communication, hobbies)	
Describe your learning style (i.e., book learning, visual learner, audio learner, prefer hands on)	
What is your preferred way to deliver and receive feedback?	

Mentoring Details

Why are you investing in this mentoring relationship as a mentee?	
Describe your ideal mentoring relationship	

Mentor Form, continued

Mentoring Details, continued

What are your goals for this mentoring relationship? (i.e., is there a specific skill you are looking to learn or professional challenge you are working to navigate)

What is your preferred method of communication?

- Face to face Phone Text Email
 Social Media (specify platform):

Do you have limitations on your time that your mentor should be aware of? (i.e., are there particular days, times of day, or chunks of time that you know you will not be available or have consistent limited availability)

- No
 Yes (if yes, please elaborate):

Do you have additional ongoing mentoring relationships? (i.e., other mentors you are working with)

- No
 Yes (if yes, please elaborate):

Have you completed any mentor/mentee training?

- No
 Yes

If not, when will you complete this training?

Are there any boundaries that you wish to set for the mentoring relationship?