

**PUBLIC HEALTH SERVICE THERAPIST CATEGORY
MENTOR APPLICATION**

Print form. Fax to Mentoring Coordinator (301-480-0669).

NAME: _____

GRADE/RANK: _____

PERSONNEL SYSTEM: CIVIL SERVICE _____ COMMISSIONED CORPS _____

AGENCY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ E-MAIL: _____

YEARS IN PHS _____ YEARS IN FEDERAL SERVICE _____

PRIMARY JOB ACTIVITY: ADMIN _____ CLINICAL _____ RESEARCH _____ OTHER _____

ARE YOU WILLING TO ESTABLISH ONE HOUR PER WEEK WITH YOUR MENTEE TO PARTICIPATE IN THIS PROGRAM? _____

PHS ASSIGNMENTS

AGENCY	JOB TITLE	LOCATION	DATES

WHAT EXPERIENCES, SKILLS, VALUES, OR KNOWLEDGE DO YOU WANT TO OFFER TO A MENTEE? (Check and list all that apply)

- Practice and information about interviewing
- Information about job opportunities
- Information about how the personnel system works
- Information about setting career direction
- Improving skills in specific areas

**PUBLIC HEALTH SERVICE THERAPIST CATEGORY
MENTORING AGREEMENT**

I will devote up to one hour per week toward participation in the Therapist Mentoring program.

I agree to serve as a mentee/mentor (circle one). I will review the Mentoring website as completion of voluntary training. We will establish mutual goals to enhance the personal growth of each person and the mission of the Public Health Service.

I will maintain confidentiality of all materials related to the mentor/mentee, (circle one) and will destroy these materials at the completion of the program.

I also give permission for this application to be shared with my proposed mentor/mentee.

GOALS

GOALS SET:

1.
2.
3.

GOALS ACHIEVED:

1.
2.
3.

Signature: _____ Date: _____

Print Name: _____

**PUBLIC HEALTH SERVICE THERAPIST CATEGORY
MENTEE APPLICATION**

NAME: _____

GRADE/RANK: _____

PERSONNEL SYSTEM: CIVIL SERVICE _____ COMMISSIONED CORPS _____

AGENCY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ E-MAIL: _____

YEARS IN PHS _____ YEARS IN FEDERAL SERVICE _____

PRIMARY JOB ACTIVITY: ADMIN____ CLINICAL____ RESEARCH____ OTHER_____

EXPLAIN: _____

ARE YOU WILLING TO ESTABLISH ONE HOUR PER WEEK WITH YOUR MENTOR TO PARTICIPATE IN THIS PROGRAM? _____

DESCRIBE YOUR CAREER GOALS:

WHAT EXPERIENCES, SKILLS, VALUES, OR KNOWLEDGE DO YOU WANT IN A MENTOR?

(Check and list all that apply)

- Practice and information about interviewing
- Information about job opportunities
- Information about how the personnel system works
- Information about setting career direction
- Improving skills in specific areas. What areas? _____
- Other? _____

WHAT GOALS WOULD YOU LIKE TO HAVE ACCOMPLISHED BY THE END OF THIS MENTORING PROGRAM?