



SMART Mentoring Matters Application Form

We are delighted you have chosen to enroll in the SMART Mentoring Matters Program. The information you provide will be used to match you with a mentor or mentee.

Please note that mentors should have at least three (3) years of non-student work experience and a minimum of twelve (12) months of continued employment with the University of Louisville School of Medicine or UofL Physicians. Mentees should have a minimum of six (6) months of continued employment with the School of Medicine or UofL Physicians.

Should you have any questions while completing the application, please simply contact us at Smart@louisville.edu.

I wish to participate in the SMART Mentoring Matters Program as a: **Mentor** **Mentee**

Name:	Title/Current Position and Department:
Department and Campus Location:	Length of Employment at UofL School of Medicine and/or University of Louisville Physicians:
Work Phone: (You may include your cell phone too)	Email Address:
Have you participated in a mentoring program before? <input type="checkbox"/> No <input type="checkbox"/> Yes	If "yes," did you participate as a mentor or mentee? <input type="checkbox"/> Mentor <input type="checkbox"/> Mentee
Field(s) of expertise or experience:	

Organizations to which you belong (work, community, civic, etc.):

Career goals/aspirations:

Interests, hobbies, and/or other extra-curricular activities:

Please complete the following questions for Mentor or Mentee.

MENTOR QUESTIONS

Why do you wish to be a mentor?

Why would you be a good mentor?

Describe a formal or informal mentoring experience you have had.

Are you interested in coaching about a specific area?

MENTEE QUESTIONS

What do you hope to gain from the mentor/mentee relationship?

Within what organization would you like to work with a mentor?

- UofL School of Medicine UofL Physicians Either

Are you interested in learning about a specific area?

By signing, I acknowledge the provisions and expectations of the SMART Mentoring Matters program.

Applicant Signature

Date

By signing, I approve and support the above referenced employee's participating in the SMART Mentoring Matters Program as outlined in the program brochure.

Supervisor Signature

Date

To submit this application, please print and save a copy of the form to your desktop (for your records), and then email the signed document to Smart@louisville.edu.