

St. Clair County Community Mental Health  
**Mentor Application**

---

Applicant Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_  Work  Personal

Position/Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Please answer the following questions below:

1. Why do you want to become a mentor in the SCCCMH Mentoring Program?

- To share my knowledge and expertise.
- To enhance my leadership skills.
- To give back to my organization and help others succeed.
- To learn from mentees and gain new perspectives.
- Other (please specify):

2. What specific skills, knowledge, or experiences do you possess that make you well-suited to be a mentor?

- Extensive clinical knowledge/experience.
- Provided constructive criticism.
- Strong communication and active listening skills.
- Strong professional network.
- Other (please specify):

Please list any special certifications that you have:

3. Have you had any previous experience in mentoring or coaching roles? If so, please provide details:

4. What do you hope to achieve or contribute as a mentor in our program?
5. How much time are you willing to commit to mentoring sessions and supporting your mentee on a regular basis?
- 1 to 1.5 hours a month
  - 1.5 to 3 hours a month
6. What are your preferred methods of communication for general questions, meeting coordination, etc., outside of your regular monthly mentoring sessions?
- In-person
  - Virtual meetings (video calls)
  - Phone Calls
  - Text
  - Email
  - Other (please specify):
7. What is your preferred method of meeting for your mentoring sessions?
- Virtual
  - In-Person
8. How comfortable are you with providing constructive feedback and guidance to your mentee?
- Very Comfortable
  - Comfortable
  - Not Comfortable, but willing to do so
9. Are there any specific areas of expertise or topics that you would prefer to mentor in? Please list below (i.e., Clinical EBPs, Data Collection, Finance, Personal Growth, etc.):
10. How do you handle conflicts or challenging situations, and how would you approach any potential issues that may arise during the mentorship?

11. Please provide any additional information or qualifications that you believe make you a strong candidate to be a mentor, or any other information that you think would be helpful to assist with matching.

---

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

---

Supervisor Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your interest in becoming a mentor in SCCCMH's Mentoring Program!

**Please submit your completed application form to Human Resources for review and consideration.**