

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

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

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

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

Please answer the following questions below:

1. Why do you want to participate in the SCCCMH Mentoring Program?

- To enhance my professional development and skills.
- To receive guidance and support from an experienced mentor.
- To explore new career opportunities within the organization.
- To gain new insights and perspectives from a mentor.
- To establish goals and work towards achieving them.
- Other (please specify):

2. What specific goals or objectives do you hope to achieve as a mentee?

- Career advancement within the organization.
- Skill development in a specific area.
- Improved work-life balance and stress management.
- Building confidence and self-awareness
- Networking and expanding professional connections.
- Other (please specify):

3. How much commitment are you willing to dedicate to the mentoring program?

- Meeting regularly with the mentor.
- Engaging in structured learning activities and assignments.
- Actively participating in goal setting and progress tracking.
- Implementing feedback and guidance provided by the mentor.
- Other (please specify):

4. What are your preferred methods of communication for general questions, meeting coordination, etc., outside of your regularly monthly mentoring sessions?

- In-Person
- Virtual meetings (video calls)
- Phone Calls
- Text
- Email
- Other (please specify):

5. What is your preferred method of meeting for your mentoring sessions?

- Virtual
- In-Person

6. Describe a challenging situation or goal you have faced in your career and how mentorship could help you overcome/achieve it.

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

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Signature

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Print Name

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Date

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Supervisor Signature

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Print Name

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Date

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

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