

Mentor Survey



Demographics

Name:

NPI Number:

Years Certified:

Additional certifications:

Education history:

Email:

Phone:

Work, leadership, and professional involvement

Please describe your past and current employment role

Please describe your past and current leadership roles.

Please describe your past and current involvement in a professional organization.

Please describe your past and current volunteer involvement within athletic training.

Please describe your past and current volunteer experiences outside the field of athletic training.

Career interest and goals

What are your career Interests?

Settings: High school

College

Professional

Clinic

Operating Room

Topics: Teaching

Surgery

Prevention

Rehab

Manual Therapies

Concussion

Heat Illness

BFR

Body Part: Foot/ankle

Knee

Hip

Shoulder

Elbow

Hand/Fingers

Neck/Head

Other:

What are your career goals?

What career accomplishments have you had?

What do you want to accomplish in your career?

Mentorship relationship

Preferred mode of communication? Please rank from 1 (most preferred) to 4 (least preferred)

Phone

Email

In Person

Via video (i.e. Skype, Facetime)

If in person, where do you live?

How frequently would you like to communicate with your mentee?

As needed

Once a month

Twice a month

Every other month

Few times per year

Reason you want to become a mentor?

What do you want to get out of relationship with a mentee?

How will you impact your mentee?

How many mentee's are you comfortable with having?

Additional Information

What are some of your hobbies/outside interests?

What are your top three strengths?

1.

2.

3.

What are your top three weaknesses?

1.

2.

3.