



E-Mentoring Program for Nursing Students Mentor Application

(Information is provided voluntarily. This data will be referenced to match mentor and student applicants.)

Name: _____

Last 4 of SSN: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____ Work: _____ Email: _____

Home County: _____ Ethnicity: _____ Age/Gender: ____/____

Language(s) Spoken: _____ Level of Proficiency: _____

Completed Level of Education: _____

School: _____ Date Graduated: _____

Current Place of Employment: _____

Title/Position: _____

Shift/Hours: _____ Work County _____

Membership in which Professional Nursing Organizations: _____

Hobbies: _____

Nursing Experience and/or Interest: (circle all that apply)

Community Health
Critical Care/ICU
Management/Administration
ER/Trauma
Home Health/Public Health
Medical/Surgical
Research

Pediatrics/Neonate
Women's Health
School Nurse
Education/Staff Development
Gerontology
ANP/CNS/NMW
CRNA

Oncology/Hospice
Extended Care
Psychiatric/Mental Health
Parish Nursing
Surgical Services
Other: _____

Number of Years in Nursing/Specialty or in Profession: _____

Indicate area(s) of expertise and/or interest: (circle all that apply)

• Career Options/Development	• Interviewing Skills
• Political Skills Development	• Salary/Benefit Negotiation
• Tutoring	• Resume Preparation
• Management	• Sounding Board/Communication Skills
• Continuing Education: Masters/Doctoral	• Nursing Research
• Transcultural Nursing	• Military Nursing
• Test Taking Skills/Board Exams	• Leadership Skills
• Reality Shock (new kid on the block)	• Delegation Techniques
• Time Management	• Stress Management
• Organizational Skills	• Prioritizing Workload
• Scholarships/Grants	• Budgeting

Our goal is to match you with a student by geographic area, and who has mutual interests in your background and experience. In some cases, however, students may indicate a variety of interests and/or live in a geographic region that does not correspond directly with yours. When this occurs, may we match you where there is a need, rather than what matches your experience and/or location?

YES NO

If you answered “No”, please indicate the areas in which we are permitted to use as a guide for matching you with a student:

Areas indicated above

Other: _____

Comments:

Please return completed application to:

**Andrea Novak, MS, RN, BC
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Southern Regional AHEC
1601 Owen Drive
Fayetteville, NC 28304
910-678-7216
FAX: 910-678-0126
Email: Andrea.Novak@sr-ahec.org**