



**New Jersey Mental Health Institute Leadership
Academy for Behavioral Healthcare Professionals
Application for Participation as a Mentor**

Name and Credentials: _____

Title: _____

Organization, if Applicable: _____

Address: _____

Office Phone: _____ Cell Phone: _____

E-mail: _____

Number of years in current position: _____

Number of years in the behavioral healthcare field: _____

Please select the area(s) that best describe(s) your experience and expertise:

- | | |
|--|--|
| <input type="checkbox"/> Clinical services | <input type="checkbox"/> Administrative |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Other - Please specify: _____ | |

Please indicate the area(s) in which you would like to work with mentees:

- | | |
|---|--|
| <input type="checkbox"/> All of the areas that are indicated above. | |
| <input type="checkbox"/> Clinical services | <input type="checkbox"/> Administrative |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Other - Please specify: _____ | |

[continued]

What are your specific topics of interest and areas of expertise and why do you want to donate time to this program?

Please share your educational and professional background, including the programs you and/or your organization offers and the populations served.

What is the maximum number (1 to 4) of individuals you could mentor? _____

Please indicate your preference for meeting with your mentee:

- In person Virtual
 Alternate between in person and virtual No preference

Note: It is recommended that you work with each mentee for one hour each month, which can be divided into two 30-minute sessions if you and any of your mentees agree to such a structure. You and each mentee may also agree to work together for an additional amount of time during any month.

Thank you for applying to serve as a mentor for the New Jersey Mental Health Leadership Academy for Behavioral Healthcare Professionals. You can e-mail your completed application to Shauna Moses at smoses@njamhaa.org. We will contact you with your mentee assignment(s), contact information for the mentee(s) and their coach(es) and additional details.