Name and degree(s):

Rank:

Series:

Department(s):

Work E-Mail: Work Phone:

Years at UC Davis:

Provide a brief description (1-2 sentences) of your interest and experience in quality mentoring:

Which Mentoring Academy workshops have you attended? (check all that apply):

☑ Module 1 - Aligning Expectations and Developing Contracts
☑ Module 2 - Maintaining Effective Communication, Assessing Understanding
☐ Module 3 - Understanding Faculty Series and Titles, Promotion Portfolios
☐ Module 4 - Addressing Diversity and Inclusion
☐ Module 5 - Promoting Professional Development, Fostering Independence

Answers to the following questions will help us pair mentors and mentees.

Please briefly list your research interests and/or creative work.

1.

2.

3.

Please briefly list any areas of clinical expertise.

1.

2.

3.
Please indicate your teaching experience
(check all that apply):

- Lectures
- Seminars
- Laboratory training
- Graduate advising
- Administrative experience
- Other

Please indicate how you would like to contribute as a mentor (check all that apply):

- Research mentoring
- Teaching/Education mentoring
- Clinical Skills mentoring
- Leadership mentoring
- Work/Life balance mentoring and Personal Development mentoring
- Networking
- Career mentoring

Please indicate your preferences and availability as a mentor (scheduling limitations, frequency, location (e.g., Sacramento, Davis, etc.):

Please indicate any preferences you might have regarding your potential mentee (check all that apply):

- None
- Clinician
- Basic Scientist
- Educator
- Researcher
- URM
- Other

After completing this form, save it to your computer, attach it to an e-mail and send it to: hs-mentoringacademy@ucdavis.edu