**Mentee Sign-up Form**

To best help us identify an appropriate mentor for you, please fill out the below information.

**Name: Institution: Email Address:**

**Position: Number of Years in Position:**

**One-on-One Pair mentoring.** *If interested in 1:1 pairing, please answer the following:*

**What are you looking for in a 1:1 mentoring relationship?** *(check as many as apply)*

* Career development/networking
* Developing scholarly project/research; Grant Writing
* Teaching issues/curriculum develop; How to Mentor
* Administrative issues/time management
* Work/life balance; Burnout; Support
* Leadership development; politics; negotiations
* Recruitment
* Regulatory Issues (NAS/Certification)
* Developing workshops/presentations/ posters
* Publications/writing
* Medical/legal issues
* Retirement
* Support for minority faculty
* Other – *please specifiy:*

**Preferred Mentor Characteristics**

**Gender preference:**

* Male
* Female
* Doesn’t matter

**Age preference:**

* Early career
* Mid career
* Late career

**Location:**

* Same time-zone
* Time-zone doesn’t matter

**Diversity & Inclusion Preference:**

* LGBTQ
* Underrepresented Minority\_\_\_\_\_\_\_
* IMG

**Position preference:**

* Associate Training Director
* Training Director
* Director or Vice Chair of Education

**Preferred Frequency of contact:**

* Monthly
* At AADPRT or other meetings
* Don’t know – whatever happens

**Group Mentoring.** *If interested, specify group(s) theme:*

* Group Mentoring (assign me to a group of like-minded mentees with a mentor based on a particular theme/task). Prefer to be with a group of:
* Early career

* Mid Career
* Advanced Career
* Mix – doesn’t matter
* Peer Mentoring (assign me to a group of like-minded mentees who prefer to mentor each other without a mentor present)

**If you selected peer or group mentorship structure, please indicate theme/task you would like to explore within that context:**

* Teaching/Education
* Administrative
* Leadership
* Research/Evaluation
* Writing/Scholarship
* Work/Home Balance
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please send a completed version of this form to Sourav Sengupta, Membership Committee Co-Chair at:*

**[souravse@buffalo.edu](mailto:souravse@buffalo.edu)**