

FEB Inter-Agency Mentee Profile

The information provided on this form will assist us in matching Mentees with approved Mentors in the FEB Inter-Agency Mentorship Program. Once you have completed the form, please email it to NHTSARegion6@dot.gov. Thank you for your interest in the FEB Inter-Agency Mentorship Program.

GENERAL INFORMATION			
Last Name:		First Name:	
Job Title:		Pay Program:	Grade:
Organization:			
Years with Federal Government:		Years with Current Agency:	
Email Address:		Phone Number:	
Would you like to be: <input type="checkbox"/> Matched with a mentor <input type="checkbox"/> Choose your own mentor (name): _____			
AREAS FOR GROWTH AND DEVELOPMENT			
<i>Select the skills or areas that you are interested in developing during the mentoring relationship.</i>			
UNIVERSAL COMPETENCIES (Select 5)			
<input type="checkbox"/> Oral Communication	<input type="checkbox"/> Technology Utilization	<input type="checkbox"/> Integrity/Honesty	<input type="checkbox"/> Workplace Safety
<input type="checkbox"/> Written Communication	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Flexibility	<input type="checkbox"/> Organization Skills
<input type="checkbox"/> Interpersonal Skills	<input type="checkbox"/> Team Skills	<input type="checkbox"/> Agency Knowledge	<input type="checkbox"/> Time Management
MANAGERIAL COMPETENCIES (Select no more than 3)			
<input type="checkbox"/> Financial Management	<input type="checkbox"/> Project Management	<input type="checkbox"/> Staff Management	<input type="checkbox"/> Safety Management
<input type="checkbox"/> Technical Management	<input type="checkbox"/> Program Management	<input type="checkbox"/> Conflict Management	<input type="checkbox"/> Process Improvement
LEADERSHIP COMPETENCIES (Select 5)			
<input type="checkbox"/> Building Partnerships	<input type="checkbox"/> Leveraging Diversity	<input type="checkbox"/> Decisiveness	<input type="checkbox"/> Influencing & Negotiating
<input type="checkbox"/> Creativity & Innovation	<input type="checkbox"/> Strategic Thinking	<input type="checkbox"/> Team Building	<input type="checkbox"/> Developing Others
<input type="checkbox"/> Vision	<input type="checkbox"/> Problem Solving	<input type="checkbox"/> Self-Discipline	<input type="checkbox"/> Executing Strategy
<input type="checkbox"/> External Awareness	<input type="checkbox"/> Accountability	<input type="checkbox"/> Political Savvy	<input type="checkbox"/> Organizational Performance

JOB HISTORY

Please list relevant Federal, non-Federal, and Military experience (Organization, # of Years, Job Title)

CAREER GOALS

Describe your 5-year career goals

ONGOING DEVELOPMENT

Describe your approach to personal and professional development

MENTEE INTEREST

Describe what you would like to accomplish through a mentoring relationship

FEB Inter-Agency Mentoring Program

Your Name:

Are you interested in participating in the FEB Inter-Agency Mentoring Program?

Yes, I would like to use my existing mentor

Mentor's Name: _____

Mentor's Email: _____

Yes, I will find my own mentor

Yes, please match me with a mentor

No, thank you