THE Ames Laboratory
Creating Materials & Energy Solutions
U.S. DEPARTMENT OF ENERGY

MENTEE QUESTIONNAIRE

Name:

Title:

Email:

Office Phone Number:

Office Address:

Why are you interested in the mentoring program? (This information will be included with the invitation to your potential mentor.)

What goals do you want to work on during your participation in the mentoring program?

Is there someone you would like to be your mentor? *Yes* ◯ *No* ◯

If yes, please list their name and any other possible mentors in order of preference:

Expectations of the Mentoring Program

How long? 6-months minimum commitment.

Are you willing to commit to the 6-months minimum timeframe? *Yes* ◯ *No* ◯

How much time? You decide with your mentor; 1-4 hours/month is recommended.

Are you willing to commit 1-4 hours per month to meeting with your mentor? *Yes* ◯ *No* ◯

Please return completed form to Ames Lab Human Resources, 105 TASF.