

**LCMS Mentoring Program  
Background Information  
Completed by Mentee**

Personal information: Name \_\_\_\_\_ Age \_\_\_\_\_ Female \_\_\_ Male \_\_\_

Education \_\_\_\_\_

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Current Position \_\_\_\_\_ Years in position \_\_\_\_\_ Years in practice \_\_\_\_\_

Prior positions of relevance \_\_\_\_\_

1. What interests you in having a mentor at this time: ie. new to town, new position, specialty?
2. How do you hope to benefit from the mentoring program?
3. Have you ever been mentored in the past?
4. If so, how did you benefit?
5. Personality: Extrovert? Introvert? Active? Homebody?
6. Interests: Hobbies? Sports? Clubs?
7. Describe the qualities/characteristics of your ideal mentor.
8. Do you have a preference of mentor: ie, age, sex, field, practice group?
9. Anything else you would like to share?

The LCMS Mentoring Program draws upon the experience and wisdom of senior physician members to consistently support, encourage, and advise junior physician members or physicians transitioning to new roles in work/life effectiveness and satisfaction. A one-year commitment is recommended.