

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

Personal information: Name _____ Age _____ Female ___ Male ___

Education _____

Current Position _____ Years in position _____ Years in practice _____

Prior positions of relevance _____

1. Why do you want to be a mentor?
2. Have you ever mentored physicians in the past?
3. If so, what did that entail?
4. Have you ever been mentored?
5. If so, what benefits did you receive?
6. How could your experience been improved?
7. How do you hope to benefit from the mentoring program?
8. How do you expect your mentee to benefit from this program?
9. Do you have a preference of mentee: ie, age, sex, field, practice group?
10. What personal characteristics do you have that will contribute to your ability to mentor a physician?
11. What are your hobbies/interests outside of medicine?

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