

Mentor Profile

The information you provide on this form will assist us in providing the Mentee with a list of prospective Mentors from which to choose the most appropriate match. Once you've completed the form, please email it to Elizabeth.Donnely@nnsa.doe.gov.

Thanks for your interest in the DOE Mentoring Program.

GENERAL INFORMATION

Last Name:	First Name:
Job Title/Series/Grade:	Organization:
Email Address:	Phone Number:

Areas of Expertise

Select the skills or areas of expertise that you could contribute most to a mentoring relationship.

UNIVERSAL COMPETENCIES (Select no more than 3)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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"/> Interpersonal Skills	<input type="checkbox"/> Public Service Motivation	<input type="checkbox"/> Resilience	
<input type="checkbox"/> Team Skills	<input type="checkbox"/> Knowledge of DOE Business	<input type="checkbox"/> Continual Learning	

MANAGERIAL COMPETENCIES (Select no more than 3)

<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Financial Management	<input type="checkbox"/> Project Management		
<input type="checkbox"/> Human Capital Management	<input type="checkbox"/> Safety Management		
<input type="checkbox"/> Technical Credibility	<input type="checkbox"/> Program Management		
<input type="checkbox"/> Process Improvement	<input type="checkbox"/> Conflict Management		

LEADERSHIP COMPETENCIES (Select no more than 3)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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"/> Entrepreneurship	<input type="checkbox"/> Team Building
<input type="checkbox"/> Developing Others	<input type="checkbox"/> Vision	<input type="checkbox"/> Problem Solving	<input type="checkbox"/> Executing Strategy
<input type="checkbox"/> External Awareness	<input type="checkbox"/> Accountability	<input type="checkbox"/> Political Savvy	<input type="checkbox"/> Improving Organizational Performance

Job History

Create a brief overview of your job history and major accomplishments.

Educational Background

List degrees, certifications, and areas of technical expertise.

Signature

Date