

## Basic Information

Criteria for mentors in the ACRL Dr. E.J. Josey Spectrum Scholar Mentor Program:

1. Must be a personal member of ACRL.
2. Committed to being a mentor for a minimum of one year and up to a maximum of three years.
3. Must attend an online mentoring tips session.
4. Assume a proactive role towards the achievement of your mentee's goals.
5. Agree to communicate with mentee monthly or on a mutually-agreeable regular basis.
6. Agree to spend time together at conferences when both mentor/mentee attend.
7. Must complete and submit brief assessment surveys, provided by the mentoring committee, about the mentor/mentee relationship no more than twice per year.

### \* 1. Contact Information

**Name:**

**City/Town:**

**State/Province:**

**Country:**

**Email Address:**

**Phone Number:**

### \* 2. Current job title

### \* 3. Employer

4. ALA member # (if known):

\* 5. Do you wish to provide information about yourself for the purposes of assisting with mentor/mentee matching?

Yes

No

## Demographic Information

\* 6. Race/Ethnicity (please select all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> East Asian                                | <input type="checkbox"/> Hispanic or Latino               |
| <input type="checkbox"/> South Asian                               | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Middle Eastern or North African descent   | <input type="checkbox"/> White                            |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> No answer/Prefer not to answer   |
| <input type="checkbox"/> Black or African American                 |   |
| <input type="checkbox"/> Other (please specify)                    |   |

\* 7. Gender:

- Female
- Male
- Non-binary
- No answer/Prefer not to answer
- Prefer to self-describe:

\* 8. Gender Identity

- Cis
- Trans\*
- No answer/Prefer not to answer
- Prefer to self-describe:

\* 9. Do you identify as a person with a disability?

- Yes
- No
- No answer/Prefer not to answer

## Mentee Identity Preferences?

\* 10. Do you wish to provide preferences about the identity of your mentee?

Yes

No

## Mentee Identity Preferences

\* 11. Would you prefer to have a mentee of the same race/ethnicity?

- Yes (you may provide further information/clarification, if you'd like)
- No, I would prefer a mentor/mentee of a different race/ethnicity
- I have no preference
- No answer/Prefer not to answer

If yes, you may provide further information/clarification, if you'd like.

\* 12. Would you prefer to have a mentee of the same gender/gender identity?

- Yes (you may provide further information/clarification, if you'd like)
- No, I would prefer a mentor/mentee of a different gender/gender identity
- I have no preference
- No answer/Prefer not to answer

If yes, you may provide further information/clarification, if you'd like.

\* 13. Would you prefer to have a mentee who identifies as a person with a disability?

- Yes (you may provide further information/clarification, if you'd like)
- No, I would prefer a mentor/mentee who does not identify as a person with a disability
- I have no preference
- No answer/Prefer not to answer

If yes, you may provide further information/clarification, if you'd like.

## Mentor/Mentee Communication

\* 14. How would you prefer to interact with your mentee (check all that apply):

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="checkbox"/> Face-to-face locally (if possible) | <input type="checkbox"/> Phone calls | <input type="checkbox"/> Video calls (Skype, FaceTime, etc.) |
| <input type="checkbox"/> At ACRL and ALA conferences        | <input type="checkbox"/> E-mail      | <input type="checkbox"/> Online chat (Gchat, Slack, etc.)    |
| <input type="checkbox"/> Other (please specify)             |                                      |  |

\* 15. Fields of Expertise (check all that apply):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Acquisitions/Electronic Resources | <input type="checkbox"/> Data   | <input type="checkbox"/> Outreach                       |
| <input type="checkbox"/> Administration                    | <input type="checkbox"/> Digital Projects                               | <input type="checkbox"/> Reference/Research Services    |
| <input type="checkbox"/> Art/Archiving                     | <input type="checkbox"/> Distance Learning                              | <input type="checkbox"/> Scholarly Communication        |
| <input type="checkbox"/> Assessment                        | <input type="checkbox"/> Government Documents                           | <input type="checkbox"/> Sciences                       |
| <input type="checkbox"/> Automation/Systems                | <input type="checkbox"/> Humanities                                     | <input type="checkbox"/> Social Justice/Advocacy        |
| <input type="checkbox"/> Cataloging                        | <input type="checkbox"/> Information Literacy/Instruction               | <input type="checkbox"/> Social Sciences                |
| <input type="checkbox"/> Collection Development            | <input type="checkbox"/> Maps/GIS                                       | <input type="checkbox"/> Special Collections/Rare Books |
| <input type="checkbox"/> Critical Librarianship            | <input type="checkbox"/> Metadata                                       | <input type="checkbox"/> User Experience                |
| <input type="checkbox"/> Critical Information Literacy     | <input type="checkbox"/> Open Educational Resources (OER)/Open Pedagogy | <input type="checkbox"/> Web Design                     |

Other (please specify)

\* 16. Which of the following could you discuss with your mentee (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Advice on interviewing                          | <input type="checkbox"/> Research and publishing                |
| <input type="checkbox"/> Understanding and dealing with politics at work | <input type="checkbox"/> Selecting the right job                |
| <input type="checkbox"/> Improving interpersonal communications at work  | <input type="checkbox"/> The importance of practicum            |
| <input type="checkbox"/> Information about promotion/tenure              | <input type="checkbox"/> Transition from library school to work |
| <input type="checkbox"/> Professional activities                         |   |

Other (please specify)

\* 17. Are you participating (or have you participated) in a formal mentoring program(s)?

Yes

No

If "Yes," in which mentoring program(s)?

\* 18. Briefly describe what you expect to contribute to and gain from the mentor/mentee relationship.

19. Please provide any additional information you feel is relevant to this application.

\* 20. Would you be willing to serve as a mentor in other ACRL programs designed to support librarians from diverse backgrounds, such as the ACRL Diversity Alliance Residency Program <http://www.ala.org/acrl/issues/diversityalliance>? If so, your name will be shared with this group as a possible mentor.

Yes

No

Thank you for your interest in participating in the ACRL Dr. E.J. Josey Spectrum Scholar Mentor Program: A program designed to assist Spectrum Scholars in becoming successful library professionals!