**ZRA Mentor Program- Mentor/ Mentee Application Form**



**General Information** Date:

I am applying to be a  Mentee or a  Mentor.

Name:       Title:

Institution:

Business Address:

E-mail:

Work Phone:       Fax:

ZRA Membership Category:  Professional  Associate  Vendor

Year joined:

**Professional interests or goals to be met in participating in the ZRA Mentor Program**

**From the following list, check the topics for which you would like to be paired with a mentee/mentor:**

*Administration*

Records Management  Permits & Regulations  Policies & Procedures

Employee/Volunteer/Intern Supervision

*Professional Development:*  ZRA  AZA  AZA Accreditation  CRM

*Collections Management*

Domestic transport  International transport  Collection Trip Coordination

Quarantine  Inventory

*Data Management*

Data Records:  ZIMS  TRACKS  EARS  Other:

Medical Records:  ZIMS for Medical  TRACKS Medical  MEDARKS  Other:

Data Standards  Data Quality Tools  Historical Records

*Risk Management*

Emergency Evacuation Planning  Disaster Recovery  Contingency Planning