**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