



**New Jersey Mental Health Institute Leadership
Academy for Behavioral Healthcare Professionals
Application for Participation as a Coach**

Name and Credentials: _____

Title: _____

Organization, if Applicable: _____

Address: _____

Office Phone: _____ Cell Phone: _____

E-mail: _____

Number of years in current position: _____

Number of years of experience as a coach: _____

Please select the area(s) that best describe(s) your experience and expertise:

- | | |
|--|--|
| <input type="checkbox"/> Clinical services | <input type="checkbox"/> Administrative |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Other - Please specify: _____ | |

Please indicate the area(s) in which you would like to work with mentees:

- | | |
|---|--|
| <input type="checkbox"/> All of the areas that are indicated above. | |
| <input type="checkbox"/> Clinical services | <input type="checkbox"/> Administrative |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Other - Please specify: _____ | |

[continued]

What are your specific topics of interest and areas of expertise and why do you want to donate time to this program?

Please share your educational and professional background. _____

What is the maximum number (1 to 4) of individuals you could coach? _____

Please indicate your preference for meeting with your mentee:

- In person Virtual
 Alternate between in person and virtual No preference

Note: It is recommended that you work with each mentee for one hour each month, which can be divided into two 30-minute sessions if you and any of your mentees agree to such a structure. You and each mentee may also agree to work together for an additional amount of time during any month.

Thank you for applying to serve as a coach for the New Jersey Mental Health Leadership Academy for Behavioral Healthcare Professionals. You can e-mail your completed application to Shauna Moses at smoses@njamhaa.org. We will contact you with your mentee assignment(s), contact information for the mentee(s) and their mentor(s) and additional details.