



ASHHRA 2012 Mentoring Program Application



Full Name: _____

Title: _____ Designation: _____

Organization: _____

Address: _____

Email: _____ Alternate email : _____

Telephone: _____ Fax: _____

ASHHRA Membership ID: _____ Approximate size of your Organization: _____

Please tell us why you are interested in the ASHHRA Mentoring Program:

Are you interested in becoming a(n): ASHHRA Mentee ASHHRA Mentor

Please indicate your areas of responsibility:

- | | | |
|---|---|---|
| <input type="checkbox"/> Employee Relations | <input type="checkbox"/> Payroll | <input type="checkbox"/> Generalist |
| <input type="checkbox"/> Talent Management | <input type="checkbox"/> Training/Development | <input type="checkbox"/> Organizational Development |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Benefits | <input type="checkbox"/> Diversity |
| <input type="checkbox"/> Compensation | <input type="checkbox"/> Administrative | <input type="checkbox"/> Other: _____ |

Please indicate what type of facility you work in:

- Hospital
- Health Care System
- Non Hospital (long term care facility, acute care, clinic, treatment center or hospice center)
- None of the above, please explain: _____

Program Time Requirement

In order to successfully complete the Mentoring Program, ASHHRA requires that you join at least **four** of the six bi-monthly mentoring group conference calls. Program guidelines recommend that the individual mentor and mentee pairs connect at least once a month for one year, evaluate their progress, and determine whether further mentoring is needed. You will not receive a certificate of completion if you do not adhere to this program time requirement. Please check the following box:

- I agree to the program time requirements for the 2012 ASHHRA Mentoring Group

Applications should be emailed or faxed to ASHHRA 312-422-3720 or ashhra@aha.org

ASHHRA 155 N. Wacker Drive, Suite 400, Chicago, IL 60606
Questions? Call ASHHRA at 312-422-3720



ASHHRA 2012 Mentoring Program Application

Bi-Monthly Mentoring Group Conference Call Schedule & Agenda

- Tuesday, January 24, 2012 – Topic: Introduction to the ASHHRA Mentoring Program
- Tuesday, March 20, 2012 – Topic: Wellness Initiatives
- Tuesday, May 22, 2012 – Topic: Leadership Development
- Tuesday, July 24, 2012 – Topic: Employee Engagement
- Tuesday, October 23, 2012 – Topic: Social Media
- Tuesday, December 11, 2012 – Topic: Year in Review

All bi-monthly conference calls will take place at 2pm CT (3pm ET, 1pm MT, and 12pm PT)

Internal Recognition

If upon successful completion of the 2012 ASHHRA Mentoring Program you would like your manager/supervisor to receive a note of recognition for your participation, please indicate the following:

Manager/Supervisor Name: _____ Title: _____

Organization: _____

Address: _____

Email: _____

Mentoring Toolkit Materials Fee

As an ASHHRA Member, participation in the 2012 ASHHRA Mentoring Program is complimentary as a member benefit. The Mentoring Toolkit Materials including the HR Leader Guidebook, HR Leader Mentorship Competency Guide, Mentoring Guidelines and more are offered at a reduced rate of \$25 and will assist you on your yearlong mentorship journey. These supplemental materials are recommended.

ASHHRA Mentee Member: \$25

Mentee Non-Member: \$75

Sales Tax: Must be paid on orders shipped to CA, CO, DC, GA, ID, IL, KS, MA, MN, MO, NJ, NY, OH, OK, PA, TN, and TX unless you provide a copy of your tax exempt certificate. Otherwise, orders will not be shipped.

Please bill me at the address above

Check (please make payable to ASHHRA 319MENT12)

Credit Card Registration

MasterCard

Visa

AMEX

Card Number: _____ Expiration Date: _____

Cardholder Name: _____ Cardholder Signature: _____

Thank you for your dedication and commitment to advancing the health care human resources profession and ASHHRA. By signing below, you agree to adhere to the ASHHRA mentoring program time requirement. We look forward to beginning this year long mentoring program from January 1st to December 31st, 2012.

Applicant Signature

Date

Applications should be emailed or faxed to ASHHRA 312-422-3720 or ashhra@aha.org

ASHHRA 155 N. Wacker Drive, Suite 400, Chicago, IL 60606
Questions? Call ASHHRA at 312-422-3720