



# **Maine Network of Healthy Communities**

## **MNHC Mentoring Program Application**

Maine Network of Healthy Communities offers a mentoring program designed to develop skills of community health coalition leaders in Maine. The program will enable experienced coalition leaders to mentor leaders who are new to Maine community development efforts, or leaders who are seeking to expand their skills. MNHC members will participate in a one-to-one mentoring relationship that is intended to meet the needs of coalition leaders that are not otherwise met in existing training, workshops or other educational programs. Each mentoring relationship will be individually tailored to meet the needs of the applicant, which will be reflected in a Memorandum of Agreement with the mentor. The mentoring relationship will last one year.

Coalition board members, committee members and staff are invited to apply. Preference will be given to coalitions that are members of MNHC. Otherwise, mentoring opportunities are available on a first come, first served basis as mentor assets are matched with the needs of applicants. A total of 10 mentoring relationships will be developed in 2003.

Please complete this application and return to:

**MNHC  
P.O. Box 2039  
Waterville, ME 04903-2039**

If you have questions about the MNHC Mentoring Program or you would like to learn more about MNHC, please contact the MNHC Coordinator, Alison Webb, at 872-2157.

*This program is made possible through a grant from the Maine Center for Public Health.*

**MNHC Mentoring Program Application Form**

**NAME:** \_\_\_\_\_

**COALITION NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**Please provide a brief description of your coalition. Please feel free to attach a brochure or other documentation about your coalition.**

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**Please describe your own training and experience in coalition work. Please attach a resume.**

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**Please describe your goals for this mentoring relationship:**

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**Please specify topic areas where you feel you would like a mentor's assistance. You may include these topic areas: convening a community forum, building a partnership, developing community structure, leadership development, community health and quality of life assessment, community-wide planning, community action for health and quality of life, providing data-based information to policy makers, monitoring and evaluation. Please be as specific as possible.**

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**Are there others in your coalition who may be interested in a mentoring relationship? If so, please list.**

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**Please provide any additional information about yourself or your coalition that you feel would assist us in identifying a mentor for you.**

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