

For: FAS, FSA, and RMA National Office Employees

2002 FFAS Mission Agencies' National Office Mentoring Program

Approved by: Deputy Administrator, Management



1 Overview

**A
Program
Announcement**

HRD, Training and Development Branch (TDB) is accepting nominations for the 2002 FFAS Mission Agencies' National Office Mentoring Program (Program). The Program was established to provide a source of career information and guidance to **all levels** of FFAS employees in the National Office interested in improving skills and enhancing their career potential.

**B
Program
Curriculum**

The Program provides participants with opportunities to:

- improve present job skills and abilities of employees in managerial, supervisory, and nonsupervisory positions
- improve communications among the Agencies' diverse workforce at different grade levels and in different program areas
- improve morale of all participants by providing satisfying experiences through participation in the Program
- assist the Agencies to obtain the workforce diversity goals and to improve employment and advancement opportunities for all FFAS mission area employees in the National Office Agencies.

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Disposal Date June1, 2002	Distribution All FFAS National Office employees
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Notice PM-2301

1 Overview (Continued)

C

Contact

Contact Mary Baskerville-Phillips, National Office Program Coordinator, FSA/HRD at 202-418-9045 for:

- additional detail information about the Program
 - questions about this notice.
-

2 Nomination Process

A

Nominee

Qualifications

Nominees for the Program must be:

- FFAS National Office employees from all levels of managerial, supervisory, and nonsupervisory positions
 - willing to participate in the Program for 1 year.
-

B

Applying for the Program

All eligible FFAS National Office employees may apply for the Program by submitting either FFAS-8 or FFSA-9 as follows.

- Complete FFAS-8 (Exhibit 1) to apply to participate in the Program as a mentor, including signature to validate the application.

Note: If applying to participate in the Program as a mentor, emphasis should be on:

- why applicant would like to participate in the Program
 - what applicant could share with a mentee in the Program
 - how applicant could serve as a good resource person and role model for a mentee.
-

Continued on the next page

Notice PM-2301

2 Nomination Process (Continued)

B

Applying for the Program (Continued)

- Complete FFAS-9 (Exhibit 2) to apply to participate in the Program as a mentee, including signature to validate the application.

Note: If applying to participate in the Program as a mentee, emphasis should be on:

- why applicant would like to participate in the Program as a mentee
 - what are applicant's career goals, both short- and long-term, and whether participation in the Program will assist applicant to achieve and accomplish these goals
 - who applicant would like to have as a mentor in the Program.
-

C

Where to Send FFAS-8 or FFAS-9

Send completed original hard-copy of FFAS-8's and FFAS-9's applications to the following address or facsimile to:

Mary Baskerville-Phillips
USDA, FSA, HRD, TDB
STOP 0574
1400 Independence Avenue, SW
Washington, D.C. 20250-0574.

Mary Baskerville-Phillips
[Facsimile] 202-418-9131

D

Deadline

All FFAS-8's and FFAS-9's must be received in HRD, TDB by **COB April 26, 2002**. Applications received after this date **will not** be considered.

Exception: The **only** exception to this deadline will be if a person is on travel or approved leave and can verify that they did not receive notification before the deadline date. **No other exceptions will be acceptable.**

Notice PM-2301

3 Selection Process

A

Participants by Organization

FSA, FAS, and RMA employees in the National Office may submit FFAS-8's and FFAS-9's for participation in the Program.

B

Program Matching Panel

A Program Matching Panel will be assembled to match mentors and mentees using applications received from mentors and mentees to select mentors and mentees wishing voluntarily to participate in the Program.

C

Selecting Participants

Participants will be selected as follows.

The Program Matching Panel will review each FFAS-8 and FFAS-9, using approved Program matching criteria established for the Program. Candidates will be considered without discrimination for any nonmerit reason, such as race, color, religion, sex, national origin, age, marital status, or disability.

D

Participating in the Program

Mentors and mentees may participate in the Program 3 ways:

- join as a pair, mentor and mentee
 - let the Program Matching Panel make a selection through FFAS-8's and FFAS-9's by the mentee, suggesting at least 3 possible mentor choices and the written information provided by the mentor
 - join as mentor or mentee through FFAS-8's and FFAS-9's without making suggested mentor selections, requesting the Program Matching Subcommittee to make an appropriate successful match.
-

Continued on the next page

Notice PM-2301

3 Selection Process (Continued)

E

Panel

The Program Panel will:

- facilitate successful matching of all mentors and mentees applying to participate in the Program
 - assist in the notification of successful matches of mentors and mentees, which includes distribution of official notification to supervisors/managers, mentors, and mentees by e-mail messages, telephone, or in person.
-

F

Selection Notification

The Program Matching Panel will notify mentors and mentees of successfully matched selection in person, by e-mail messages, or by telephone. An e-mail official letter will follow notification of successful matches - mentors, mentees and supervisors.

Unsuccessfully matched mentors and mentees will be notified in person, by e-mail messages, or telephone by the National Office Program Coordinators, with encouragement to reapply during the open season next year. No additional followup notification of unsuccessful matches will be given.

G

Accommodations

Persons with disabilities who require accommodations to attend or participate in the Program should contact Mary Baskerville-Phillips, National Office Program Coordinator, at 202-418-9045 (voice), 202-418-9107 (TTD/TTY), or e-mail message (MARY BASKERVILLE-PHILLIPS).

H

Labor Management Obligation

Where exclusive representation exists, bargaining may be requested at the extent allowed by applicable statutes. Where contract language already addresses these policies and procedures for bargaining unit employees, contract language prevails.

Example of FFAS-8, Mentor Application

REPRODUCE LOCALLY. Include form number and date on reproductions.

<p>FFAS-8 (10-05-98)</p> <p>U.S. DEPARTMENT OF AGRICULTURE Farm and Foreign Agricultural Services</p> <p style="text-align: center;">MENTOR APPLICATION</p>	<p>1. AGENCY (Check One) <input type="checkbox"/> FAS <input type="checkbox"/> FSA <input type="checkbox"/> RMA DIVISION: _____</p> <p>2. SERIES/GRADE (Required): _____</p>				
<p>NOTE: Participation in this program requires a commitment of at least 1 year. Throughout the year, this time commitment will include: 1) one-on-one time with your Mentee/Mentor; 2) participation in an orientation session; and 3) various special briefings and/or workshops. PLEASE DO NOT COMPLETE THIS APPLICATION IF YOU CANNOT MEET TIME COMMITMENTS. (Please use Item 13 for additional space.)</p>					
3A. APPLICANT'S NAME AND ADDRESS	3B. JOB TITLE				
	3C. TELEPHONE NUMBER				
4A. SUPERVISOR'S NAME AND ADDRESS	4B. JOB TITLE				
	4C. TELEPHONE NUMBER				
5. Are you willing to commit yourself to the Program for one year? Please check YES or NO. If NO, do not complete this application.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50px;">YES</td> <td style="width: 50px;">NO</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
6. Why would you like to participate in the Program? What do you feel you could share with a mentee in the Program? Explain.					
7. Why do you think you could serve as a good resource person and a role model for a mentee? Explain.					
8. Please rate yourself in the following skills (Check only one).					
	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50px;">HIGH</td> <td style="width: 50px;">LOW</td> </tr> </table>	HIGH	LOW		
HIGH	LOW				
Ability to give advice to others	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>				
Ability to exercise patience and cooperation	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>				
Ability to give constructive criticism	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>				
Sensitivity to others	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>				
9. Are you joining the Program with a mentee as a pair? If YES, provide the mentee's name and the division as shown on the FFAS-9.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50px;">YES</td> <td style="width: 50px;">NO</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
MENTEE'S NAME	MENTEE'S DIVISION				
10. Do you want the Mentoring Program Coordinator and/or the Mentoring Program Matching Panel to make an appropriate Mentee selection for you based on your application?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50px;">YES</td> <td style="width: 50px;">NO</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
11. Rank in order with 1 being the most you can offer and 4 being the least you can offer the Mentor:					
<input type="checkbox"/> Provide opportunity for Mentee's professional growth (through strengthening competencies/skills.	<input type="checkbox"/> Opportunity for networking.				
<input type="checkbox"/> Strong knowledge of the Agency/Department/Federal Government;	<input type="checkbox"/> Other, please be specific.				
<input type="checkbox"/> Advice and counseling.					

Continued on the next page

Example of FFAS-8, Mentor Application (Continued)

FFAS-8 (Reverse) (10-05-98)

12. Rank your proficiency in the following People and Technical Skills categories (check appropriate box, i.e., weak, moderate, etc.):

PEOPLE SKILLS	WEAK	MODERATE	STRONG	DON'T KNOW
Communications				
Leadership				
Conflict Management				
Interpersonal Skills				
Team Building				
Decision Making				
Human Resources Management				
Creative Thinking				
Planning and Evaluation				
TECHNICAL SKILLS				
Management				
Computer Technology				
Administrative				
Field Delivery and Operations				
Farm Programs				
Commodity Operations				
Commodity Service				

13. COMMENTS:

14. SIGNATURE

DATE

Example of FFAS-9, Mentee Application

REPRODUCE LOCALLY. Include form number and date on reproductions.

<p>FFAS-9 (10-05-98)</p> <p>U.S. DEPARTMENT OF AGRICULTURE Farm and Foreign Agricultural Services</p> <p style="text-align: center;">MENTEE APPLICATION</p>	<p>1. AGENCY (Check One)</p> <p><input type="checkbox"/> FAS <input type="checkbox"/> FSA <input type="checkbox"/> RMA</p> <p>DIVISION:</p>	<p>2. SERIES/GRADE (Required):</p>				
<p>NOTE: Participation in this program requires a commitment of at least 1 year. Throughout the year, this time commitment will include: 1) one-on-one time with your Mentee/Mentor; 2) participation in an orientation session; and 3) various special briefings and/or workshops. PLEASE DO NOT COMPLETE THIS APPLICATION IF YOU CANNOT MEET TIME COMMITMENTS. (Please attach extra sheet if additional space is needed.)</p>						
<p>3A. APPLICANT'S NAME AND ADDRESS</p>	<p>3B. JOB TITLE</p>	<p>3C. TELEPHONE NUMBER</p>				
<p>4A. SUPERVISOR'S NAME AND ADDRESS</p>	<p>4B. JOB TITLE</p>	<p>4C. TELEPHONE NUMBER</p>				
<p>5. Are you willing to commit yourself to the Program for one year? Please check YES or NO. If NO, do not complete this application.</p>		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50px; text-align: center;">YES</td> <td style="width: 50px; text-align: center;">NO</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table>	YES	NO		
YES	NO					
<p>6. Why would you like to participate in the Program? Explain.</p>						
<p>7. What are your career goals? Short term and/or long term? Explain.</p>						
<p>8. Do you feel participating in the Program will help you to achieve these goals? If so, in what way? Explain.</p>						

Continued on the next page

Example of FFAS-9, Mentee Application (Continued)

FFAS-9 (Reverse) (10-05-98)

9. Please rate yourself in the following skills (*Check only one*).

	HIGH					LOW				
Ability to take constructive criticism	5	<input type="checkbox"/>	4	<input type="checkbox"/>	3	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>
Ability to be patient and cooperative	5	<input type="checkbox"/>	4	<input type="checkbox"/>	3	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>
Ability to accept advise	5	<input type="checkbox"/>	4	<input type="checkbox"/>	3	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>
Ability to set goals	5	<input type="checkbox"/>	4	<input type="checkbox"/>	3	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>
Sensitivity to others	5	<input type="checkbox"/>	4	<input type="checkbox"/>	3	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>

10. Are you joining the Program with a mentor as a pair? If YES, provide the mentor's name and the division as shown on the FFAS-8.

	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

MENTOR'S NAME	MENTOR'S DIVISION
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11. If you are not joining as a pair, who would you like to be your mentor? List by priority below:

a. _____	d. _____
b. _____	e. _____
c. _____	f. _____

12. Do you want the Mentoring Program Coordinator and/or the Mentoring Program Matching Panel to make an appropriate Mentor selection for you based on your application?

	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

13. Rank your proficiency in the following People and Technical Skills categories (*check appropriate box, i.e., weak, moderate, etc.*):

PEOPLE SKILLS	WEAK	MODERATE	STRONG	DON'T KNOW
Communications				
Leadership				
Conflict Management				
Interpersonal Skills				
Team Building				
Decision Making				
Human Resources Management				
Creative Thinking				
Planning and Evaluation				
TECHNICAL SKILLS				
Management				
Computer Technology				
Administrative				
Field Delivery and Operations				
Farm Programs				
Commodity Operations				
Commodity Service				

14. COMMENTS:

15. SIGNATURE _____ DATE _____