



**California Department of Transportation & CalACT
RTAP Mentor Program**

Survey

Print Name (First/Last)	
Job Title	
Organization	
Address	
Business Phone	
Mobile Phone (optional)	
Email Address	

1. Have you previously participated in the Caltrans Rural Transit Assistance Program (RTAP)?
 - Yes
 - No

2. Are you interested in being a Mentor or Protégé for the new RTAP Mentor Program?
 - Mentor
 - Protégé
 - Neither (***stop here and turn in your survey***)

3. How would you describe your career level?
 - New professional (0-4 yrs)
 - Mid-career professional (5-9 yrs)
 - Experienced professional (10-15 yrs)
 - Seasoned professional (16+ yrs)

4. What type of assistance, training, and/or support services would you like to provide/receive?
 - General Career Development
 - Procurement
 - FTA Requirements
 - Real Property and Equipment Inventory Procedures
 - Maintenance
 - Inspections
 - Safety and Security
 - TDA
 - Milestone/Progress Reports
 - Financial Status Reports
 - Budget Revisions/Amendments
 - Grant Management
 - Grant Writing
 - Marketing
 - State Management Review



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- Other: _____
5. What type of sector experience would you like to learn/provide?
- | | |
|---|---|
| <input type="checkbox"/> Public Sector / Government | <input type="checkbox"/> Private Sector |
| <input type="checkbox"/> Public Sector / Consulting | <input type="checkbox"/> No preference |
| <input type="checkbox"/> Non-profit Sector | |
6. Indicate the areas of expertise you would like to receive from your Mentor (Protégé's only):
- General career path development
 - Build networking skills
 - Attend rural transit related events (e.g. lectures, workshops, conferences, etc.)
 - Attend work-related events (e.g. board meetings, etc.)
 - Transit Supervisor/Manager Responsibilities
 - Other: _____
7. Indicate your desired frequency of communication with your Mentor/Protégé:
- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Bi-weekly | <input type="checkbox"/> No preference |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Bi-Monthly | |
8. Indicate your desired means of communication with your Mentor/Protégé (check all that apply):
- | | |
|--------------------------------|--|
| <input type="checkbox"/> Email | <input type="checkbox"/> Face-to-face |
| <input type="checkbox"/> Phone | <input type="checkbox"/> No preference |
9. If selected to participate in the RTAP Mentor Program, are you available to participate in the Webinar Kickoff on Wednesday, June 19th at 2:00pm? (**Details TBD**)
- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|
10. Is there anything you'd like to request or state about yourself when selecting your Mentor/Protégé?