



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. Is there anything you'd like to request or state about yourself when selecting your Mentor/Protégé?