

New Junior Officer Peer-to-Peer Application Form

Please answer the below questions so we may effectively match you with an experienced junior officer. This information will help the coordinators better align your interests and identify who may work well together as experienced and new officers. Please email the completed form to LT Gina Masessa and LCDR Eileen Bosso, JOAG Peer-to-Peer Co-Chairs, at gmasessa@bop.gov and guz3@cdc.gov.

Contact Information

Name:

Email:

Home phone:

Cell phone:

Relevant Information

1. I would describe my personality/character as:

2. I am interested in these specialty areas:

3. Please list your agency, title, location, rank, PHS Category, degree(s) received, and date OBC was completed.

Agency	Title	Location	Rank	PHS Category	Degree(s)/ Credential(s) Received	Date OBC was Completed

4. Please rate level of importance, using this rating scale:

- 1 = Unimportant
- 2 = Of little importance
- 3 = Moderately important
- 4 = Important
- 5 = Very important

4a. How important is it to be matched with an experienced officer that is in the same PHS category as you?

1 2 3 4 5

4b. How important is it to be matched with an experienced officer that is in the same agency as you?

1 2 3 4 5

4c. How important is it to be matched with an experienced officer in the same geographical location as you?

1 2 3 4 5

5. My Strengths are:

6. What I would like from an experienced junior officer:

7. Other comments I would like the experienced junior officer to know about me:

8. Best days and times to communicate with me:

Time Commitment: I will be available to participate in the JOAG Peer-to-Peer Networking Program for 6 months unless otherwise arranged with the program coordinator.

Permission: I give my permission to share this information for the purpose of the Peer-to-Peer Program with JOAG and prospective peers.

Sign & Date: