

2018-2019 HIGH SCHOOL MENTORSHIP PROGRAM APPLICATION

Mayo Clinic Rochester – HR Workforce Development, Career Awareness

IMPORTANT: You may not begin your mentorship until this form is on file with careerawareness@mayo.edu and you have completed the application & training process. Your Mentor/Supervisor will receive an e-mail from Career Awareness staff confirming you are ready to start. This form will not be processed unless ALL fields are completed.*

APPLICATION DEADLINES: **FALL September 14, 2018** **SPRING January 4, 2019** (new and Fall extensions)

Please print neatly in black ink or type.

STUDENT INFORMATION	High School	Grade (As of Fall '18)	Date of Birth (mm/dd/yy)
Name			
Last	First	Middle	
Address	City	State	Zip
Cell Phone	E-mail		
Parent/Guardian Name	E-mail		
ELIGIBLE START AND END DATE (select only <u>one</u>)			
<input type="checkbox"/> FALL 09/04/2018 – 01/18/2019		<input type="checkbox"/> SPRING 01/21/2019 – 05/31/2019	
TRAINING is at 3:45PM-4:15PM on the dates below. Select <u>ONE</u> and we will contact you to confirm details.			
<input type="checkbox"/> Aug. 27 <input type="checkbox"/> Sept. 10 <input type="checkbox"/> Sept. 24		<input type="checkbox"/> Jan. 14 <input type="checkbox"/> Jan. 21 <input type="checkbox"/> Jan. 28	
STUDENT SIGNATURE	PARENT/GUARDIAN SIGNATURE		

Mayo Foundation is an affirmative action and equal opportunity educator and employer. To assist in Mayo's affirmative action program, applicants may elect to indicate their self-description by checking the following appropriate boxes. **This EOE portion of the application is optional.*

- Female Male American Indian or Alaskan Native Asian Black Hispanic Pacific Islander
 White/Non-Hispanic Other

	MAYO MENTOR Responsible for overall learning experience (If Research: Principal Investigator)	MAYO SUPERVISOR Responsible for student performance management, department trainings and HSM Onboarding Requirements (If Research: Allied Health Lab Supervisor)	HS EDUCATION COORDINATOR
Name			
Work Phone			
E-mail			
Mentorship Date & Main Work Area	Student's ACTUAL Start Date (after training, student not allowed on-campus prior): __ / __ / __		
	Dept.	Bldg.	Floor/Room
SIGNATURES**			

****IMPORTANT:** I confirm by signing this document that the student will not have access to patient information (unless de-identified) AND that the student will not have any physical contact with the patient nor observe patient interaction while in the presence of a physician. Viewing of surgeries is not allowed. Please contact careerawareness@mayo.edu with any questions prior to signing.

HS Education Coordinator provides one copy of completed form with signatures to:

- (1) Student
- (2) careerawareness@mayo.edu (high resolution PDF)
- (3) High School Education Coordinator
- (4) Mayo Clinic Mentor
- (5) Mayo Clinic Supervisor