

# 2019-2020 HIGH SCHOOL MENTORSHIP PROGRAM APPLICATION

Mayo Clinic Rochester – HR Workforce Development

**IMPORTANT:** You may not begin your mentorship until this form is on file with Career Awareness 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 20, 2019**                      **SPRING January 3, 2020** (new and Fall extensions)

Please print neatly in black ink or type.

<b>STUDENT INFORMATION</b>	<b>High School</b>	<b>Grade</b> (As of Fall '19)	<b>Date of Birth</b> (mm/dd/yy)
<b>Name</b>			
<b>Last</b>	<b>First</b>	<b>Middle</b>	
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Cell Phone</b>	<b>E-mail</b>		
<b>Parent/Guardian Name</b>	<b>E-mail</b>		
<b>ELIGIBLE START AND END DATE</b> (select only <u>one</u> )			
<input type="checkbox"/> FALL 09/03/2019 – 01/17/2020		<input type="checkbox"/> SPRING 01/20/2020 – 05/29/2020	
<b>TRAINING is at 3:45PM-4:15PM on the dates below. Select <u>ONE</u> and we will contact you to confirm details.</b>			
<input type="checkbox"/> Aug. 26 <input type="checkbox"/> Sept. 09 <input type="checkbox"/> Sept. 23		<input type="checkbox"/> Jan. 13 <input type="checkbox"/> Jan. 20 <input type="checkbox"/> Jan. 27	
<b>STUDENT SIGNATURE</b>		<b>PARENT/GUARDIAN SIGNATURE</b>	

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

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

**\*\*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](mailto:careerawareness@mayo.edu) with any questions prior to signing.

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

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