

# 2019 High School SUMMER MENTORSHIP Program Application

## Mayo Clinic Rochester – HR Workforce Development, Career Awareness

**ROCHESTER PUBLIC SCHOOLS (RPS) HAS CHOSEN NOT TO BE PART OF THIS SUMMER MENTORSHIP PROGRAM. THUS, RPS STUDENTS ARE NOT ELIGIBLE FOR THIS PROGRAM. PLEASE CONTACT THE SCHOOL'S G.A.T.E. EDUCATOR WITH QUESTIONS.**

**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.\*

Please print neatly in black ink or type.

<b>STUDENT INFORMATION</b>	High School	Grade (As of Fall '19)	Date of Birth (mm/dd/yy)
Name <i>Last</i>	<i>First</i>	<i>Middle</i>	
Address	City	State	Zip
Cell Phone	E-mail		
Parent/Guardian Name	E-mail		
<p><b>ELIGIBLE START AND END DATE: 06/10/2019 – 08/23/2019</b>            FINAL DATE HIGH SCHOOL SUMMER MENTORSHIP STUDENTS ARE ALLOWED ON-CAMPUS IS 08/23/2019  <b>APPLICATION DEADLINE: Minimum 7 business days <u>prior</u> to scheduled training date.</b>            TRAINING is at 9:00AM-9:30AM on the dates below. Select <u>ONE</u> and we will contact you to confirm details.</p> <p><input type="checkbox"/> June 3    <input type="checkbox"/> June 10    <input type="checkbox"/> June 24    <input type="checkbox"/> July 08    <input type="checkbox"/> July 22</p>			
<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 (If Research: Principal Investigator)	<b>MAYO SUPERVISOR</b> Responsible for student performance management, department trainings and HSM Onboarding Requirements (If Research: Allied Health Lab Supervisor)	<b>HS EDUCATION COORDINATOR</b>
Name			
Work Phone			
E-mail			
Mentorship Date & Main Work Area	Student's ACTUAL START Date (after training, student not allowed on-campus prior): ___ / ___ / ___		
	Student's ACTUAL END Date (student not allowed on-campus after): ___ / ___ / ___		
	Dept.	Bldg.	Floor/Room
<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 completed 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