

HIGH SCHOOL MENTORSHIP PROGRAM APPLICATION

Mayo Clinic Rochester – HR Workforce Development, Career Awareness

SEMESTER	Earliest start date	End date	Application deadline
<input type="checkbox"/> Summer 2019	06/10/19	08/23/19	05/15/19
<input type="checkbox"/> Fall 2019	09/03/19	01/17/20	09/20/19
<input type="checkbox"/> Spring 2020	01/20/20	05/29/20	01/03/20 (new and Fall extensions)

Submit application at least 2 weeks prior to start date for processing.

STUDENT APPLICANT	High school	Grade (As of Fall '19)	Date of birth (mm/dd/yy)
<hr/>			
Name			
Last	First	Middle	
<hr/>			
Address	City	State	Zip
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Cell phone	E-mail		
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Parent/Guardian Name	E-mail		
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Mayo Foundation is an affirmative action and equal opportunity educator and employer. To assist in Mayo's affirmative action program, applicants have the option to indicate their self-description by checking the appropriate boxes.

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

HIGH SCHOOL EDUCATION COORDINATOR (HSEC) Primary contact for program and submits application.

Name	Email	Work phone
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MAYO MENTOR Responsible for overall learning experience. Mentor appoints a Mayo Supervisor. (If Research: Principal Investigator)

Name	Email	Work phone
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MAYO SUPERVISOR Responsible for student and HSM Onboarding Requirements (If Research: Allied Health Lab Supervisor)

Name	Email	Work phone
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STUDENT QUARTERLY LISTING/BADGE ACCESS Mentor/Supervisor lists information, Human Resources requests.

Department	Building	Floor and Room
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STUDENT'S ACTUAL START DATE (mm/dd/yy) _____ Must be on or after earliest start date and application must be fully processed. Note: Mentor/Supervisor enters date and Educator verifies date meets program requirements when signing below.

SIGNATURES

Student	Parent (listed above)	Educator
Mayo Mentor	Mayo Supervisor	

IMPORTANT: I confirm by signing this document that all above information is true and correct; I acknowledge 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.

By signing this form, the student confirms they have reviewed Compliance Training.

HS Education Coordinator provides one copy (pdf) of completed form with signatures to themselves plus:
careerawareness@mayo.edu, Student, Mayo Clinic Mentor, Mayo Clinic Supervisor