

STUDENT APPLICATION FOR A MENTOR

Contact Information:

Name _____

Address _____

City _____

State _____ Zip Code _____ Phone _____

Current E-mail _____

Interest Area:

Please indicate which areas of dental hygiene you're interested in:

___ Clinical ___ Research ___ Education ___ Advocate ___ Administration

Please indicate your current educational level:

___ First Year ___ Second Year ___

Expected Graduation Date _____ Name of Educational Program _____

Briefly summarize why you are interested in participating in the Virtual Mentor Program:

Agreement and Signature:

By submitting this application, I acknowledge that I have reviewed and agree to abide by the guidelines set forth for participation in the Virtual Mentoring program.

Name (printed) _____

Signature _____ Date _____