

2016-2017 MAYO CLINIC HIGH SCHOOL MENTORSHIP PROGRAM APPLICATION

Mayo Clinic Rochester – HR Recruitment Strategies, Career Awareness

IMPORTANT: You may not begin your mentorship until this form is on file with Jon Ninas and you have completed the application & training process. Your Mentor 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 16, 2016 **SPRING** January 6, 2017 (new and Fall extensions)

Please print neatly in black ink or type.

STUDENT INFORMATION	High School	Grade (As of Fall '16)	Date of Birth (mm/dd/yy)
Name	First	Middle	
Last			
Address	City	State	Zip
Social Security #	E-mail	Cell Phone	
Parent/Guardian Name	E-mail		
ELIGIBLE START AND END DATE (select only <u>one</u>)			
<input type="checkbox"/> FALL 09/06/2016 – 01/20/2017		<input type="checkbox"/> SPRING 01/23/2017 – 06/02/2017	
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. 22 <input type="checkbox"/> Sept. 1st <input type="checkbox"/> Sept. 26		<input type="checkbox"/> Jan. 16 <input type="checkbox"/> Jan. 23 <input type="checkbox"/> Jan. 30	
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	MAYO SUPERVISOR (Complete only if different than Mentor)	HS EDUCATION COORDINATOR
Name			
Work Phone			
E-mail			
Mentorship Date & Main Work Area	Student's ACTUAL Start Date (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 Jon Ninas with any questions prior to signing.

Once this form is complete with original signatures, provide one copy EACH to:

- (1) Yourself
- (2) Jon Ninas (see contact information)***
- (3) High School Education Coordinator
- (4) Mayo Clinic Mentor
- (5) Mayo Clinic Supervisor

Mayo Clinic, Attn: Jon Ninas
 Recruitment Strategies, HR OE 6
 200 First St. SW, Rochester, MN 55905
ninas.jonathon@mayo.edu
 P: 507- 284-3969 F: 507-538-1295

***You may also make a high-quality scan of the original and e-mail (PDF format) or fax it to Jon or drop off the form with the HR Receptionists at the HR Reception Desk which is located at the entrance of the Ozmun East Building (on the corner of 2nd St. SW & 4th St. SW; across the street from the Baldwin Building).