



Society for Social Work Leadership in Health Care

Mentorship Program Application

Applicant Information:

Please check one: Mentee Mentor Both

First Name: _____ **Last Name:** _____

City& State: _____ **TimeZone:** _____

Phone: _____ **E-mail:** _____

Current Position/Title: _____

Current Employer: _____

Years in Position: _____ **Years in Profession:** _____

Please briefly describe why you want to become a Mentor/Mentee:

Please briefly describe what types of skills you would like to develop or guide others to develop as part of the Mentorship Program.

What do you hope to gain from this experience?

Educational Background:

Employment History:

Committees/activities:

Please indicate which of the core program areas you wish to explore as the basis for a mentoring relationship:

Creating an Abstract

Grant Writing

Staff Expansion

Performance Improvement Project

General Mentorship

Other: _____

I _____ confirm that the information provided in this application is true to the best of my knowledge and that I have read and understand the program description and its requirements. I understand that the submission of this application does not guarantee my participation in the SSWLHC Mentorship Program and, if accepted, I may be placed on a waitlist based upon availability of resources at the time of application.

I also hereby agree to hold harmless and indemnify the Society for Social Work Leadership in Health Care, its officers, agents and employees from any and all liability, loss, damages, costs or expenses which are sustained or incurred in connection with or in the course of the Mentorship Program.

Signature _____ Date _____