

## Society for Social Work Leadership in Health Care Mentor/Mentee Application:

## **Applicant Information:**

Please check one: {} Mentee	{} Mentor
First Name:	Last Name:
City& State:	Time Zone:
Phone:	E-mail:
Current Position/Title:	
Current Employer:	
Years in Position: Years	in Profession:
Applicants will be	e required to submit their resume after application
Please briefly describe why you	u want to become a Mentor/Mentee:
Please briefly describe your pr explore/share:	ofessional areas of interest or expertise you wish to
What do you hope to gain from	this experience?
Please tell us about yourself:	

Educa	ational Background:	
Emplo	oyment History:	
Comm	nittees/activities:	
	e review the Core Mentorship/Leadership topic areas be est in relation to a deliverable goal to work if selected 1	•
{}	Creating an Abstract	
{}	Grant Writing	
{}	Staff Expansion	
{}	Performance Improvement Project	
{}	General Mentorship	
{}	Other:	
best o requir partic	confirm that the aforementioned information of my knowledge and that I have read and understand the rements. I understand that the receipt of this application in the SSWLHC Mentorship Program and, if accesstand that I may apply again to this program during the	he program description and its on does not guarantee my epted, I may be placed on a waitlist. I
Health expen	lso hereby agree to hold harmless and indemnify the Son hereby agree to hold harmless and indemnify the Son here, their officers, agents and employees from any assess which are sustained, incurred or required arising or ourse of the Mentorship Program.	and all liability, loss, damages, costs or
Signat	ture	Date

Please submit applications either to the registration desk or email to kfernley@fernley.com