

# 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.

<b>STUDENT INFORMATION</b>	<b>High School</b>	<b>Grade</b> (As of Fall '16)	<b>Date of Birth</b> (mm/dd/yy)
<b>Name</b>	<b>First</b>	<b>Middle</b>	
<b>Last</b>			
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Social Security #</b>	<b>E-mail</b>	<b>Cell Phone</b>	
<b>Parent/Guardian Name</b>	<b>E-mail</b>		
<b>ELIGIBLE START AND END DATE</b> (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	
<b>TRAINING is at 3:45PM-4:15PM on the dates below. Select <u>ONE</u> and we will contact you to confirm details.</b>			
<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	
<b>STUDENT SIGNATURE</b>	<b>PARENT/GUARDIAN SIGNATURE</b>		

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
<b>Name</b>			
<b>Work Phone</b>			
<b>E-mail</b>			
<b>Mentorship Date &amp; Main Work Area</b>	<b>Student's ACTUAL Start Date (student not allowed on-campus prior):</b> ___ / ___ / ___		
	<b>Dept.</b>	<b>Bldg.</b>	<b>Floor/Room</b>
<b>SIGNATURES**</b>			

**\*\*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](mailto: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 2<sup>nd</sup> St. SW & 4<sup>th</sup> St. SW; across the street from the Baldwin Building).