MAYO CLINIC
HIGH SCHOOL MENTORSHIP PROGRAM
Mayo Clinic Rochester – HR Recruitment Strategies

(Please print neatly in ink or type)

Name:_____ E-mail:_____
Last First Middle

Address:_____
Street/PO City State Zip

Home Phone: _____ Cell Phone: _____ Year in High School:_____

Social Security Number:_____ Date of Birth:_____ (mm/dd/yyyy)

Parent/Guardian (signing below): Name:_____ E-mail:_____

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High School Education Coordinator please provide the following information:

_____
Your Name E-mail Phone Number High School

Mentorship START Date: _____ (mm/dd/yyyy) STOP Date: _____ (mm/dd/yyyy)

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Mayo Mentor please provide the following information:

Main mentorship work area:	Department:	Building:	Floor/Room:

MAYO MENTOR	MAYO SUPERVISOR
Name:	Name:
Phone:	Phone:
E-mail:	E-mail:
Building Location at Mayo:	Building Location at Mayo:

Note: A name badge with general building access will be requested and issued to all mentorship students.

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Signatures:

_____ _____
Mayo Mentor **High School Education Coordinator**

_____ _____
Student **Parent**

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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 appropriate boxes below. This portion of the application is entirely optional.

☐ Female ☐ Male ☐ Asian ☐ Pacific Islander ☐ Black
☐ American Indian or Alaskan Native ☐ White/Non-Hispanic ☐ Hispanic ☐ Other

After the form is completed, including signatures, keep one copy for yourself, send one to your High School Education Coordinator, one to your Mayo Clinic Mentor, one to your Mayo Clinic Supervisor, and deliver one copy to Jon Ninas, Mayo Clinic Human Resources – Recruitment Strategies, OE – 4, 200 First St. SW, Rochester, MN 55905 (507) 284-3969, ninas.jon@mayo.edu. You may not begin your mentorship until this form is on file with Jon Ninas. Rev 10/11