



## Application for Mentorship

### APPLICATION

#### Personal Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail address \_\_\_\_\_

Are you currently an OSLHA member? \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

Are you currently a student? \_\_\_\_\_

Name/address of school? \_\_\_\_\_

Are you currently a licensed audiologist? \_\_\_\_\_ speech language pathologist? \_\_\_\_\_

How many years have you been practicing? \_\_\_\_\_

Name/address of employer

\_\_\_\_\_

Work phone \_\_\_\_\_

Occupation \_\_\_\_\_

Specialty Area \_\_\_\_\_

**Mentorship Interest:**

1. Indicate the level of mentoring you are seeking:

- Job Shadowing
- Student Mentorship
- Professional Mentorship
- Advocacy Mentor
- Professional Changing Fields

2. Indicate the area where you are seeking mentorship:

- Audiology (general)
- Health Care
- Developmental Disabilities
- Non-Profit Agencies
- Private Practice
- Speech Pathology (general)

3. Write a brief statement on why you desire to participate in a mentorship program.

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