



## Mentor Application

### 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 at which you are willing to mentor:

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

2. Indicate the area you are willing to mentor to:  
(Check All That Apply)

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

3. Write a brief statement on why you have chosen to participate in a mentor program.

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4. Initial the two statements below:

\_\_\_\_\_ I understand that the mentor program involves spending time and communicating with the determined mentee. The times will be set between the mentor and mentee.

\_\_\_\_\_ I understand that I will be required to complete the mentorship for a minimum of 12 months.

5. What days of the week are you available to volunteer? (check all that apply):

- Monday    Tuesday    Wednesday    Thursday    Friday    Saturday

6. What is the best time for you to volunteer? (check all that apply):

- Mornings    Afternoons    Evenings    Weekends