# Mentor Application

**Name:** ____________________________  **Date:** ________________

**Unit:** ____________________________

**Current Year in School:** 1\(^{st}\)  2\(^{nd}\)  3\(^{rd}\)  4\(^{th}\)  Grad

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**Please answer the following questions:**

- How many semesters have you been a volunteer on your unit?

- Have you worked closely with any staff members on the unit? If so, who?

- Do you hold any leadership positions or are you involved in anything else outside of volunteering? *Bulleted list preferred*

**Please submit a short paragraph for each of the following questions on a separate sheet of paper:**

- Why do you want to be a mentor at UI Health Care and what does mentoring mean to you?

- Describe how you have made a difference for patients and their families on your unit.

**Signature:** ____________________________

*Please return this completed application form to the Student Leader Board Member for your unit.*