

# UI Health Care Volunteer Services

## ***Mentor Application***

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Unit: \_\_\_\_\_

Current Year in School:      1<sup>st</sup>      2<sup>nd</sup>      3<sup>rd</sup>      4<sup>th</sup>      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.*



[uihc.org/volunteers](http://uihc.org/volunteers)

