

# HIGH SCHOOL MENTORSHIP PROGRAM APPLICATION

## Mayo Clinic Rochester – HR Workforce Development, Career Awareness

<b>SEMESTER</b>	<b>Earliest start date</b>	<b>End date</b>	<b>Application deadline</b>
<input type="checkbox"/> Spring 2020	01/20/20	05/29/20	01/03/20
<input type="checkbox"/> Summer 2020	06/08/20	08/21/20	05/22/20
<input type="checkbox"/> Fall 2020	09/08/20	01/15/21	08/21/20

Deadlines and start dates are subject to change based on academic year and site requirements.  
Submit application at least 2 weeks prior to start date for processing.

### STUDENT APPLICANT

---

Name			
Last	First	Middle	

---

Address	City	State	Zip
---------	------	-------	-----

---

Home/ Cell phone	E-mail
------------------	--------

---

Parent/Guardian	
Name	E-mail

---

High School:	Graduation Year	Date of Birth (mm/dd/yy)
--------------	-----------------	--------------------------

Student confirmation: I completed Career Awareness online compliance training on (mm/dd/yy): \_\_\_\_\_

Mayo Foundation is an affirmative action and equal opportunity educator and employer. To assist in Mayo's affirmative action program, applicants have the option to indicate their self-description by checking the appropriate boxes.

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

### STUDENT'S ACTUAL START DATE

Must be on or after earliest start date and application must be fully processed (mm/dd/yy). \_\_\_\_\_

Note: Mentor/Supervisor enters date and Educator verifies date meets program requirements when signing below.

### STUDENT QUARTERLY LISTING/BADGE ACCESS

Mentor/Supervisor lists information, Human Resources requests.

Site: \_\_\_\_\_ Department: \_\_\_\_\_ Building: \_\_\_\_\_ Floor and Room: \_\_\_\_\_

### HIGH SCHOOL EDUCATION COORDINATOR (HSEC)

Primary contact for program and submits application.

Name	Email	Work phone
------	-------	------------

---

### MAYO MENTOR

Responsible for overall learning experience. Mentor appoints a Mayo Supervisor. (If Research: Principal Investigator)

Name	Email	Work phone
------	-------	------------

---

### MAYO SUPERVISOR

Responsible for student and HSM Onboarding Requirements (If Research: Allied Health Lab Supervisor and if Clinical: Operations Manager)

Name	Email	Work phone
------	-------	------------

---

**IMPORTANT:** I confirm by signing this document that all above information is true and correct; I acknowledge the student will not have access to patient information (unless de-identified) AND that the student will not have any physical contact with the patient nor observe patient interaction while in the presence of a physician. Viewing of surgeries is not allowed. Please contact [careerawareness@mayo.edu](mailto:careerawareness@mayo.edu) with any questions prior to signing.

By signing this form, the student confirms they have reviewed Compliance Training.

---

**Student**

**Parent** (listed above)

**Educator**

---

**Mayo Mentor**

**Mayo Supervisor**

HS Education Coordinator provides one copy (pdf) of completed form with signatures to themselves plus:  
[careerawareness@mayo.edu](mailto:careerawareness@mayo.edu), Student, Mayo Clinic Mentor, Mayo Clinic Supervisor