UPMC | HORIZON   UPMC | JAMESON

Student Mentorship Application (Job Shadow)

To Be Completed by Student: **Please Print**

Name:____

Address:____

____

E-mail: ______________________________________

Home Phone (   )________________________________ Cell Phone (   ) ___________________

Date of Birth: ____________________________________

School ____

Present Grade/Level: _______________________________Anticipated Graduation Date: ________

At **which UPMC facility** do you wish to shadow? **(   ) Greenville (   ) Shenango Valley (   ) Jameson**

Department you would like to Shadow: ____

List **2 preferred dates** you are available: ____

Purpose of Mentorship: ____

Please indicate any special requirements for mentorship: __________________________________

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If I am placed in UPMC's Student Mentorship Program, I agree to the following:

1. I shall abide by the UPMC Visitor Confidentiality Agreement which was provided to me at the time of application.
2. I hereby understand and accept this mentorship with UPMC as described to me by my hospital supervisor and/or my school regulations. I hereby release UPMC from any or all liability arising from or in any way connected to the mentorship.
3.

______________________________	______________________________	____________________
Student Applicant Signature	Print	Date

To be Completed by School Coordinator:

Name: ____

Address: ____

____

Phone: (   ) _________________________________

School Coordinator Signature: ____

Please complete and return forms to:

Marsha Murphy @ murphym@upmc.edu