



Health Occupations and Professions Exploration

HOPE Mentor Form

I wish to mentor at an upcoming session of HOPE and agree to allow UW Health to perform a background check on me.

Name: _____

Date of Birth (required for background check): _____

Email: _____

Cell Phone: _____

College or University: _____ Undergraduate: Graduate:

Major: _____

T-shirt size (pre-shrunk, cotton, unisex): _____

I am available to mentor on the following dates (Please select one or more):

- November 7, 2015
- November 14, 2015
- March 5, 2016
- March 12, 2016
- April 9, 2016

In order to match you with students who may request mentors by gender / race / ethnicity / or culture, please answer the following (answering is optional):

- Male: Female:
- I identify as which of the following (may choose more than one):
 - African American / Black
 - White / Caucasian
 - Latino / Latina/Hispanic / Other Spanish Speaking
 - Asian (Please specify) _____
 - LGBTQ
 - Two or more races / Ethnicities above (Please specify) _____

Please briefly describe your personality and what type of student that you would work best with:

Please tell us anything else that you would like us to know, including anything else for the sessions that you would be willing to help with (ex. Set up, sign in, clean up, teaching or speaking):

Please return form to:

Beverly Hutcherson, Career Pathways Coordinator
600 N Highland Ave
Madison, WI 53792
Mail Code: 3224
(608) 263-8453
BHutcherson@uwhealth.org

SUBMIT FORM