

MENTOR ENROLLMENT APPLICATION

University of Michigan-Flint

*If you are interested in working with a nursing or pre-nursing student, please complete this form and return to
Maureen Tippen (e-mail: mtippen@umflint.edu) or Rose Luster-Turner (email: rluster@umflint.edu)
in the Department of Nursing, 2180 WSW, 303 E. Kearsley, Flint, MI 48502-1950.*

Name: _____ Phone: _____

Alternative Phone: _____ E-mail: _____

Address: _____

Employer (Department/Specialty): _____ Shift Schedule: _____

School: _____ Year: _____

<p>1. How much time would you like to commit to mentoring a student on a monthly basis?</p>	
<p>2. List your significant nursing work history.</p>	
<p>3. Have you ever been a mentor? If yes are you currently involved in any other mentoring programs? Please list.</p>	
<p>4. Do you know any other nurses who may be interested in mentoring nurses with this program? If yes, would you be interested in distributing applications and/or inviting participants?</p>	
<p>5. If you have any hobbies/interests please list.</p>	
<p>6. Who's your hero/mentor/support?</p>	

A LITTLE SUPPORT CAN HELP SOMEONE BE SUCCESSFUL!

