



HIGH SCHOOL MENTORSHIP REQUEST FORM

(must be 16 Y.O. to participate)

Part I (Student Applicant):

Name: (Last, First, MI)		Gender:
Date of Birth:	Over 16:	Phone number:
Email address:		
Previously participated in program?	Previous Mentor at UConn Health?	Lab/Department?
Name of Parent/Guardian:	Email address:	
If you have located a UConn Health Mentor, have the mentor complete Part II.		
Name of High School	School contact:	Email address:
Current School Status: Junior Senior	Is this part of a school sponsored program: Y N	
Please provide a brief description of the type of unpaid experience you are seeking:		

Part II (Mentor):

UConn Health Mentor Department/Division or Center:			
Mentor name:		Mentor title:	
Mentor email:		Mentor phone number:	
Dept. Admin. Name (if applicable):		Dept. Admin. email:	
Dept. Admin. phone #:	Days per week:	Hours per week:	Target Start Date: End Date:

Who will train and supervise the individual (complete below):

Please provide the name, email address and phone number of the primary Mentor as well as any additional staff you wish to be approved to directly supervise the minor. This information will be used to register staff for the required minor protection training. All mentors will also be required to have had a UConn Health Department of Public Safety background check within the past four years. If such a background check has been performed, please include date of background check completion.

<u>Name</u>	<u>Email</u>	<u>Phone#</u>	<u>Background Check Date</u>	<u>NetID</u>
1.				
2.				
3.				

Unpaid assignments at UConn Health must comply with state and federal regulations and applicable policies. The [Human Resources Unpaid Experience website](#) and UConn Health [Appropriate Use of Non-Compensated Individuals Policy 2002-52](#) establish the requirements, restrictions and process for evaluating requests.

Activities involving minors must comply with the University's Protection of Minors Policy. Individuals under the age of 18 must be registered participants in a University-sponsored program.

Submit completed form to:

Email: HSMP@uchc.edu

PLEASE ALLOW THREE WEEKS FOR PROCESSING