

# UPMC Horizon

## 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 Horizon facility do you wish to shadow? ( ) Greenville ( ) Shenango Valley

Department you would like to Shadow: \_\_\_\_\_

List 2 preferred dates you are available: \_\_\_\_\_

Purpose of Mentorship: \_\_\_\_\_

Please indicate any special requirements for mentorship: \_\_\_\_\_

\_\_\_\_\_

If I am placed in UPMC Horizon'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 Horizon as described to me by my hospital supervisor and/or my school regulations. I hereby release UPMC Horizon 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 fax forms to:**

**UPMC Horizon  
Volunteer Services  
(724) 983-7939**