

MSRC

Student Mentor Program

Student Application



Thank you for your interest in participating in the MSRC Student Mentor Program!
Please complete the below form to be matched with a Professional.

First Name

Last Name

Home address (include city, state and zip code):

AARC number (required)

Telephone number (include area code)

Preferred e-mail address

Respiratory Care School

Anticipated Graduation Date:

Current GPA:

In order to be matched with a professional, tell us a bit more about yourself

Areas in which you wish to receive mentorship (select all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Board Exam Preparation | <input type="checkbox"/> Interview and Hiring Process |
| <input type="checkbox"/> Resume Building | <input type="checkbox"/> Career Advancement |
| <input type="checkbox"/> Licensure | <input type="checkbox"/> AARC Membership |
| <input type="checkbox"/> Clinical Topics - Neo/Ped Critical Care | <input type="checkbox"/> Involvement in MSRC/AARC |
| <input type="checkbox"/> Clinical Topics - Adult Critical Care | <input type="checkbox"/> Other |

Educational Background:

Other degrees earned: (include school, area of study and date of graduation)

Social Media

Do you utilize the following:

☐ Facebook

☐ Twitter

☐ LinkedIn

☐ Instagram

☐ Other

Are you willing to be contacted via social media?

☐ yes

☐ no

Notable Accomplishments or Awards

Volunteer Experience

What extracurricular activities do you enjoy?

Describe why you want to be matched with a Respiratory Care Professional Mentor:

Please save this form and e-mail to: Linda.Weems2@Mercy.net