

# 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:

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## **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):

Board Exam Preparation

Interview and Hiring Process

Resume Building

Career Advancement

Licensure

AARC Membership

Clinical Topics - Neo/Ped Critical Care

Involvement in MSRC/AARC

Clinical Topics - Adult Critical Care

Other

Educational Background:

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

Social Media

Do you utilize the following:

Are you willing to be contacted via social media?

Facebook

Twitter

yes

LinkedIn

Instagram

no

Other

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: [DanaEvansRRT@gmail.com](mailto:DanaEvansRRT@gmail.com)