PEER MENTOR REQUEST 2015-2016

Students who have attended an HPAC Intro to Health Professions Workshop may request a Peer Mentor. Peer Mentors are a group of dedicated, experienced, and trained students planning a career in the health professions who volunteer their time to assist other UCR students. You will be matched with a Peer Mentor based on the information you provide and your health profession interest. Peer Mentors are assigned for the current academic year.

When assigned a Peer Mentor, you agree to:

- Respond within 48 hours to all communication (e-mail, phone, or other) from your Peer Mentor and from HPAC staff.
- Meet with your Peer Mentor a minimum of 2 per quarter. Meetings should take place in the HPAC Resource Room whenever possible.
- Arrive on time and prepared for each meeting.
- Provide a minimum 24 hours’ notice to cancel or reschedule a meeting (or this will count as a missed meeting*)
- Notify your mentor and HPAC (hpac@ucr.edu) if you change your health profession interest or want to discontinue with your peer mentor.
- Address immediately any concerns you have about your peer mentor with the HPAC director (charles.scruggs@ucr.edu).
- Meet with an HPAC advisor no later than your second (sophomore) year.

*Mentees who do miss two (2) scheduled meetings or do not respond to HPAC communication (peer mentor or staff) will be dropped from the peer mentor list. It is the student’s responsibility to check his/her UCR email regularly. Mentees who do not meet these expectations will not benefit fully and are subject to losing their peer mentor.

Your signature below indicates your understanding and agreement with these requirements.

______________________________________________ Date

Signature

Please provide the following information (PLEASE PRINT):

Name ___________________________________________ UCR ID ________________

UCR e-mail ________________________________ Phone ________________

Date you attended Intro to Health Professions Workshop ____________________________

Health Profession Interest(s) INDICATE #1 INTEREST, #2 INTEREST IF APPLICABLE-Peer mentors are assigned by health profession interest. Note: We do not always have mentors for all health professions.

- Medicine (MD)
- Medicine (DO)
- Dentistry
- Pharmacy
- Occupational Therapy
- Physical Therapy
- Public Health
- Optometry
- Nursing
- Physician Assistant
- Other ____________________________________________

Major ___________________________________________ Age (optional) ________________

Year in School  □ 1st year □ 2nd year □ 3rd year □ 4th year □ 5th year Transfer student □ Yes □ No

Are you  □ Male □ Female

Do you have a preference?  □ Male Peer Mentor □ Female Peer Mentor □ No preference
1. Have you previously had an HPAC peer mentor? □Yes □No
   If so, who and when __________________________? Also, please explain below why you would like to continue with a peer mentor for another year.

2. Please describe (not list) your priorities and goals for this academic year that will help you prepare to be a competitive applicant to a health profession program.

   a. How will having a peer mentor help you reach these goals? Please be specific.

3. Please check the three (3) most important areas you want to work on with your Peer Mentor:
   □Required undergrad course work for medical, dental, pharmacy, or other health profession program
   □Volunteer/community service opportunities
   □Clinical/health care opportunities
   □Research opportunities
   □Student Organizations
   □Summer Opportunities
   □Other issues (please specify)

# For Office Use #
Interviewed by ___________________________ Date ____________________________
Peer Mentor Assigned ___________________________ Date ____________________________
Email to Mentee/Mentor ___________________________ Mentor contacted Mentee ___________________________