

**WASHBURN UNIVERSITY SCHOOL OF NURSING  
MENTOR/MENTEE PROGRAM APPLICATION**

**(Please complete at the beginning of each academic school year.)**

Thank you for your interest in Washburn University School of Nursing's Mentor Program.  
Please fill out the two page application completely and e-mail the application to  
[susan.maendele@washburn.edu](mailto:susan.maendele@washburn.edu) or [deb.reece@washburn.edu](mailto:deb.reece@washburn.edu). Let us know if you have any questions or concerns.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Current WUSON Level \_\_\_\_\_ Graduate: Spring (Year) \_\_\_\_\_ Fall (Year) \_\_\_\_\_

I am already enrolled in the program. My Mentor is:						
My Mentee is:						
I am willing to be a:		Mentor	Mentee			
Gender (Check only one)		Male	Female	Other		
Age Group: (Check Only One)						
		20 - 25 years	31 - 35 years	41 - 45 years	over 50 years	
		26 - 30 years	36 40 years	46 - 50 years		
Ethnicity: (Check All That Apply)						
American Indian/Alaskan		NativeHispanic/Latino		Asian/Pacific Islander	White	
Hispanic		Black/African/American		Caribbean	Other (write in)	
E-Mail Address:						
Local Address:		City:		State:		
Permanent Address:		City:		State:	County:	
Type (Check only 1)		Rural		Urban	Suburban	
Resident Hall:						
Nursing Specialty Interest:		Obstetrics	Community	Psychiatric	ED	Other(write in)
(Check all that apply)		Pediatrics	Gerontology	Oncology	ICU	
		Medical	Surgical	Nurse Anesthetist		

General Interest  (Check All That Apply)	Ethnic/Cultural Environmental Religious	Publication Dance Educational	Political Musical Games	Social Theater Service	Athletics Performing Arts Other(write in)
Matching Preference: MENTOR matching based on: (Select 2) (Prioritize Preference, #1 & #2)	Gender Ethnicity Hometown Transfer Student	General Interest Interest Traditional Student No preference	Nursing Specialty Residential Hall Non-Traditional Student	Age	
Matching Preference: MENTEE matching based on: (Select 2) (Prioritize Preference, #1 & #2)	Gender Ethnicity Hometown Transfer Student	General Interest Interest Traditional Student No preference	Nursing Specialty Residential Hall Non-Traditional Student	Age	
1. What do you wish to accomplish by participating in the SON Mentoring Program?					
2. What are you looking for in a mentor /mentee?					
3. Is there anything else that the application committee should consider during the mentor matching process?					
4. Please list any on or off campus groups and organizations you are affiliated with and any leadership positions currently held.					