

## MENTEE DECLARATION OF INTEREST FORM

2021-2022

### Dear Applicant:

Please fill out this form and return to The Hartman Initiative to receive consideration for a spot in this year's Hartman Initiative cohort. You may mail this form to our mailing address, attach it to an email to our program coordinator at applications@hartmaninitiative.org, or drop it by our office.

The Hartman Initiative is a 501(c)(3) organization that strives to support local nursing students from The Community College of Beaver County (CCBC) on their educational journey through mentorship, professional development, exam preparation, networking, and financial support. We invite students participating in CCBC's nursing program to participate regardless of age or financial need.

After we receive your completed form, we will look it over and contact you with our response. All information on this form will be kept confidential and will help us determine if our program is the right fit for you.

### PERSONAL INFORMATION

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Current CCBC Program of Intent: \_\_\_\_\_

Graduation Year: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### EMERGENCY CONTACT

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**CONTINUE >**

INTEREST QUESTIONNAIRE

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Why are you interested in joining this year's cohort of The Hartman Initiative Program?

Have you ever participated in a mentorship relationship as a mentee or a mentor? If so, describe your experience. If not, what do you believe that mentor/mentee relationship would look like?

What would you like to get out of this program? What benefits do you see from participating? How much time per month do you anticipate committing to this program?

What portion of The Hartman Initiative Program are you excited about participating in?  
Check all that apply.

- Mentorship Services
- NCLEX Prep Services
- Professional Development Services

**CONTINUE >**

## INTEREST QUESTIONNAIRE

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After receiving your financial aid package from CCBC, do you have a leftover financial responsibility for your education or a need for assistance purchasing books, technology, or educational supplies?  
(Please explain)

What portion of The Hartman Initiative Program are you excited about participating in?  
Check all that apply.

- Medical Mentor - active or retired nursing professional
- Life Mentor - community member committed to supporting your education, mental, and emotional health
- Both

## LIABILITY RELEASE

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As a participant of The Hartman Initiative, I agree to abide by all policies and procedures as spelled out in the mentee handbook. I understand that I participate at my own risk and neither the organization nor its employees assume any liability for any accidental injury or health problem arising from events I participate in with the organization. I agree that all work I do is part of the program and I am not eligible to receive any monetary payment or reward. Additionally, I agree to receive updates from The Hartman Initiative.

Name: \_\_\_\_\_ Date: \_\_\_\_\_