

## **Virtual Mentor Program: Application for Hygienist**

To enroll in the program and get paired up with an interested student, simply fill out this application and return it to **Jamie Christianson, VMP Coordinator, 4805 Spring Meadow Avenue; Eugene, Or 97404**. Once you have been assigned a student to mentor, you and the student will both be notified of your pairing via e-mail. From there, it is up to you and the student to grow your relationship. If you have questions regarding the program, please contact Jamie at [jammers97@comcast.net](mailto:jammers97@comcast.net) or call 541-915-6925.

### **Mentor Guidelines & Agreement:**

- I respect my student's time, and I will answer e-mails promptly. ("Promptly" is a term to be defined by the mentor and student.)
- I will try to guide my student by words and example.
- I realize the relationship between my self and my student is professional and that our communications should remain private.
- I acknowledge that any views, opinions, guidance or remarks I may make are personal and may not reflect the views, opinions, guidance or remarks of the American Dental Hygienists' Association, its constituents and components, or any other professional association.
- I will notify my student when I am unavailable to receive/send e-mails.
- I promise to abide by the guidelines or any other guidelines in the future, adopted by the Virtual Mentoring Program. If I fail to adhere to these guidelines, I understand and agree that my name may be removed from the mentoring list.
- I understand that my assignment as a mentor is voluntary. If I elect to discontinue my participation in the Virtual Mentoring Program, I agree to promptly e-mail my student of this decision. As a courtesy to my student and the Virtual Mentoring Program, I will also promptly notify the appropriate local sponsoring constituent or component.

HYGIENIST APPLICATION

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**Contact Information:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

**Professional Role:**

Please indicate which area(s) of dental hygiene you're involved in:

- \_\_\_\_ Clinical
- \_\_\_\_ Research
- \_\_\_\_ Education
- \_\_\_\_ Advocate
- \_\_\_\_ Administration

**Please provide your dental hygiene education information:**

School Attended \_\_\_\_\_  
Graduation Date \_\_\_\_\_

Briefly summarize why you are interested in participating in Mentor Program:  ONE STUDENT PER YEAR  TWO STUDENTS PER YEAR

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**Agreement and Signature:**

By submitting this application, I acknowledge that I have reviewed and agree to abide by the guidelines set forth for participation in the Virtual Mentoring program.

Name (printed) \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_