

**GEORGIA SOCIETY FOR CLINICAL SOCIAL WORK  
NEW PROFESSIONALS MENTORSHIP PROGRAM**

**APPLICATION TO BE A MENTOR**

Name \_\_\_\_\_ License No. \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax # \_\_\_\_\_

Email \_\_\_\_\_

**Current Employment**

Agency \_\_\_\_\_ Position \_\_\_\_\_

Private Practice \_\_\_\_\_

Other \_\_\_\_\_

**Education**

|                    | School | City/State | Degree | Date |
|--------------------|--------|------------|--------|------|
| Undergraduate      |        |            |        |      |
| Graduate (masters) |        |            |        |      |
| Post-Masters Ed.   |        |            |        |      |

**Practice Interest and Special Expertise**

Please describe special practice interests and/or expertise that will help identify you to potential mentees:

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### Qualifying Experience

Qualifying experience for serving as a mentor include, but are not limited to, experience in giving clinical supervision, clinical consultation and field instruction.

Practice setting \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Dates employed \_\_\_\_\_ to \_\_\_\_\_ Hours per month \_\_\_\_\_

Describe client population served \_\_\_\_\_  
\_\_\_\_\_

Your responsibilities and experience in serving as a mentor \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Practice setting \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Dates employed \_\_\_\_\_ to \_\_\_\_\_ Hours per month \_\_\_\_\_

Describe client population served \_\_\_\_\_  
\_\_\_\_\_

Your responsibilities and experience in serving as a mentor \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Practice setting \_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_

Dates employed \_\_\_\_\_ to \_\_\_\_\_ Hours per month \_\_\_\_\_

Describe client population served \_\_\_\_\_

\_\_\_\_\_

Your responsibilities and experience in serving as a mentor \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supplemental voluntary experience in serving as a mentor (where, when and what) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I CERTIFY THAT THE INFORMATION THAT I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please enclose a copy of your curriculum vitae**

**MENTORS MUST AGREE TO GIVE THEIR SERVICES VOLUNTARILY.**

**MENTORS ARE EXPECTED TO COMMIT TO ONE YEAR OF SERVICE.**