



Delta Omega Mentor Network **Mentor Volunteer Form**

Please complete this form and mail it to:

Delta Omega National Office • 1900 M Street NW, Suite 710 • Washington, DC 20036

or send it by fax to: (202) 296-1252.

You can also visit www.deltaomega.org/mentorinputform.cfm to complete the form online.

Mentor Name

First Name: _____ Last Name: _____

Contact Information

Degree(s): _____

Title: _____

Institution/Organization: _____

Department: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ - _____ - _____ Fax: _____ - _____ - _____

Email: _____ Website: _____

Job Category: *(please circle one)*

Academician | Administrator | Counselor | Dentist | Dietician/Nutritionist | Epidemiologist | Health Economist | Health Educator | Informatics Specialist | Laboratory Worker | Lawyer | Mental Health Specialist | Nurse | Physician | Program Coordinator | Researcher | Sanitarian | Social Worker | Statistician | Veterinarian

Background Information

Educational Background: _____

Professional Background: _____

Memberships: _____

Delta Omega Induction Chapter: _____ Year: _____

Advice

What advice would you give a young public health professional or public health student?

Mentor Availability (check all that apply)

As a mentor, I am willing to:

- Meet with students/young professionals
- Talk with students/young professionals on the phone
- Correspond with students/young professionals via Email
- Have a student/young professional shadow me for a day
- Serve as a preceptor on a project

Students/young professionals can contact me by:

- Phone
- Email
- Fax
- Mail
- Other: _____