



STANFORD MEDICAL YOUTH SCIENCE PROGRAM ALUMNI ASSOCIATION MENTOR PROGRAM

TO SUBMIT VIA EMAIL, PLEASE SEND TO RBRYANT1@STANFORD.EDU. TO SUBMIT VIA POSTAL MAIL, PLEASE SEND TO: DESTINEE COOPER; SMYSP; STANFORD PREVENTION RESEARCH CENTER; STANFORD UNIVERSITY SCHOOL OF MEDICINE; MSOB, 251 CAMPUS DRIVE, MC 5411; STANFORD, CA 94305-5411

Mentor Form

(Person who role-models, teaches, and advises)

Contact Information

Name	
City & State of Residence	
ZIP Code of Residence	
Contact telephone	
E-Mail	
Year in SMYSP	
Occupation or Field of Study	

Preferred method of communication:

- In-person Phone E-Mail Facebook/My Space (on-line)

Questionnaire

Please describe areas in which you would feel particularly effective as a mentor?

- Career: Field preference _____
- Education mentoring: Major _____
- Networking
- Just for fun
- Other: _____

Please list your hobbies and/or other special interests

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What kind of fruit are you?

(Personality quiz)

1. You're in an art gallery, which of the following paintings would catch your eye?
 - A portrait of your significant other
 - A bulldog in a leather jacket riding a motorcycle
 - Something that looked like a child fingerpainted it.
 - Some weird landscape, possibly with melting clocks or another strange item.
2. Your favorite strategy when playing an online game is to:
 - Lure your enemy into a hidden ambush
 - Make sure that your defenses are impenetrable before venturing out
 - Taking your enemy by surprise.
 - Try to keep your enemy off guard with random attack patterns and baffling, counter-intuitive strategies.
3. You drank 50% of your glass of water, the glass is now:
 - Half full
 - Half empty
 - Abandoned in favor of a Starbucks coffee
 - Completely full if you saw the top off just above the water line
4. Which is your favorite color:
 - Red
 - Green
 - Brown
 - Yellow
5. Which of the following do you find yourself thinking most often about?
 - The distant past
 - The recent past
 - The present
 - The future
6. Where are we more likely to find you on a Saturday?
 - Your child's soccer game
 - Reading a good book
 - Having dinner with friends
 - Shopping at the local mall
 - Working

By signing below, you give SMYSP permission to release your contact information to a mentee who we feel most closely matches your interests. Please type your full name in lieu of signature if you are emailing this form.

X _____



STANFORD MEDICAL YOUTH SCIENCE PROGRAM ALUMNI ASSOCIATION MENTORING PROGRAM

Mentor and Mentee Parameters

This form is for the Mentor and Mentee to use to establish the parameters of their relationship. It is only a starting point and meant to guide a mentor and mentee through the process of establishing their relationship.

We are voluntarily entering into a mentoring relationship that we expect to benefit us both. The following sets the parameters of the relationship and includes the expectation that we will continually evaluate the relationship to ensure it meets both the mentor/mentee needs.

Specific role of the mentee: As a result of working with a mentor I would like to accomplish the following:

Specific role of the mentor: I will support my mentee's developmental process by: (i.e. Helping to develop and monitor his/her mentoring action plan, sharing educational & career-related insight, and expanding his /her professional network):

Frequency of communication:

- Weekly
 Bi-Monthly

- Monthly
 Quarterly

Primary Method of Communication:

- Phone:
 In-person:

- E-Mail:
 Online (Facebook/MySpace)

Mentor/Mentee Guidelines

- As a willing participant in the Mentoring Program, I commit to working with my mentor/mentee, attending all scheduled meetings with my mentor/mentee, and communicating with my mentor/mentee regularly. In cases of emergencies and I am unable to keep a meeting date, advanced notification will be made to my mentor/mentee to reschedule. I will develop personal goals and be open to coaching and feedback from my mentor/mentee.
- Things discussed during our meetings are confidential. If there is threat of physical harm to either party or to others, the confidentiality agreement must be broken to seek protection for the endangered individual.
- We agree to a *no-fault* conclusion of this relationship if, for any reason, it seems appropriate. Either party has the option of discontinuing the relationship for any reason, and he or she should discuss this decision with the Mentor Coordinator before terminating the relationship.
- By entering into the mentoring program, the participants agree that neither Stanford Medical Youth Science Program, nor the SMYSP Alumni Association has any liability for the guidance, suggestions and/or advice provided to them during the mentoring relationship.

X _____

Mentor signature

X _____

Mentee signature