

University of Illinois at Chicago College of Dentistry
Student Mentoring Program
Mentors Application Form 2008-2009

The Mentors Program is a cooperative project of the UIC College of Dentistry, The College of Dentistry Alumni Association and numerous professional dental organizations such as the Chicago Dental Society, Lincoln Dental Society and the Hispanic Dental Association. The Program is intended to enhance our students' educational experience by providing another perspective, that of a practicing dentist who shares some of their interests.

If you would like to participate, please complete the questionnaire below and return it to the Chicago Dental Society (see back for mailing address). Please note that all responses are voluntary and will be used only to pair you with a Mentee.

1. Your Name _____

2. Business Address:

3. Type of Practice (circle one): General Practice _____
Specialty _____ Other _____

4. Size of Practice (circle one): Solo Partnership Group (# _____)
Other _____

5. Brief description of your practice:

6. Brief description of your career including professional and community recognition:

7. Have you ever served as a Mentor? Yes _____ No _____

8. Do you currently have a Mentee? Yes _____ No _____

a. If yes, what is your Mentee's grade Level? _____

b. If yes, please provide your Mentee(s) names:

9. Was your mentoring part of a formal mentoring program? Yes _____ No _____

If yes, who sponsored the mentoring program? (circle all that apply)

Religious Organization Youth Serving Organization Professional
Dental Association/Society Other _____

10. What did you enjoy most about being a Mentor?

11. Are you interested in participating in a mentoring program?

- a. UIC dental students: Class preference? D-1/D-3 _____ D-2/D-4 _____
- b. Pre-dental students
- c. High school students

12. Number of students you are willing to mentor: _____
(We would like to pair D-1/D-3 and D-2/D-4 students with a single mentor to provide continuity and support for the students. However, if you prefer to mentor only one student, please indicate such.)

13. Would you like to request a specific student? _____

14. Are there any other concerns or characteristics of your protégé that would be important to you?

15. How can your Mentee contact you? (Please print)

Telephone Home: _____
Telephone Office: _____
Telephone Mobile: _____
E-mail: _____
Best time to contact you: _____

Please **return** this survey to:
CHICAGO DENTAL SOCIETY
UIC/CDS Mentor Program
401 N. Michigan Ave., Suite 200
Chicago, IL 60611-5585
Or, **fax** this survey to 312.836.7317