

Mentor Membership Form

Please return via e-mail to chapai@uthscsa.edu or via campus mail to
Dr. Irene Chapa- MSC 7833, or fax to (210)567-0399

Date: _____

Name/Title: _____

Department/Organization: _____

Phone: (210) _____ Fax: (210) _____ E-mail: _____

Please select duration of your commitment (please check all that apply):

- Summer 2010 semester
- Fall 2010 semester
- Spring 2011 semester

Please select the volunteer activities you will offer (please check all that apply):

- Clinical observation
- Laboratory work

Please indicate how many volunteers you would like to mentor: _____

Please list the days and times you can mentor the volunteers:

Please provide a short description of your program and/or field of study:

Thank you for your response!

Office use only

Date processed: _____

Date filled: _____