



## COLLEGIATE STUDENT CHAPTER MENTOR REQUEST

\_\_\_\_\_ : CHAPTER NAME

This document is designed to catalog your collegiate student chapter mentor request for a specific program, activity, or workshop your student chapter is planning.

BMES will strive, to the best of our abilities, to fill your mentor request with the most qualified candidate, however, each request will be reviewed on a case-by-case basis for feasibility and availability of mentors in your area.

EMAIL and PHONE NUMBER	
FIRST NAME	LAST NAME
STUDENT CHAPTER LEADERSHIP POSITION	BMES ID NUMBER
EVENT DETAILS	
EVENT/ACTIVITY/WORKSHOP NAME	
EVENT/ ACTIVITY/WORKSHOP DATE	
EVENT/ACTIVITY/WORKSHOP LOCATION	
BUDGET ALLOCATION FOR MENTOR TRAVEL COSTS (if any)	
EVENT/ACTIVITY/WORKSHOP DESCRIPTION	
MENTOR EXPECTATIONS (Select One):	

- ☐ Would you like a mentor in Academia?
- ☐ Would you like a mentor in Industry?
- ☐ Would you like a mentor in Government?
- ☐ Would you like a mentor in Healthcare/Clinician?

DESCRIBE THE ROLE YOU'D LIKE TO SEE YOUR MENTOR HAVE IN THE EVENT/ACTIVITY/WORKSHOP
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Return completed form to Christina Zara at [christina@bmes.org](mailto:christina@bmes.org).