

Maryland Society for Clinical Social Work, Inc.

MENTEE APPLICATION

Date _____

Name _____

Address _____

Telephone Home _____ Work _____

Fax No. _____ e-mail Address: _____

School of Social Work _____

Date (or Anticipated Date) of MSW Degree _____

Field Work Placements First year _____

Second year _____

Are you currently employed? _____ Full Time _____ Part Time _____

If employed, where? _____

ENCLOSE A COPY OF YOUR MOST RECENT RESUME

Please describe below your prior social work experience. Also describe your present employment hopes and plans including the location and type of agency or private practice where you would like to work.

What are your goals for your relationship with your mentor?

Attach additional pages if necessary.

Return this application with the \$15 one-time administrative fee. Make checks payable to MSCSW, or charge to Visa/Mastercard. Mail to the MSCSW office. You will be contacted upon receipt of your application.

Credit Card Information _____ Visa _____ Mastercard

Card Number _____ Exp. Date _____

Your Signature _____

Thank You