

NASW - Indiana Chapter Mentor Program

Mentor Application

You must be an NASW member to participate

Name: _____ Date: _____
Address: _____
City/State/Zip: _____
Degree (Institution and Year): _____
NASW Membership Number: 88 _____ State License (If Applicable): _____
Phone (Home): _____ (Work): _____
E-Mail: _____ Fax: _____
Agency/Institution: _____

Major Practice: (Check all that apply)

Addictions	_____	Developmental/Rehabilitative	_____
Administration	_____	Displaced, Homeless, Refugees	_____
Adolescents	_____	International	_____
Advocacy	_____	Medical/Health	_____
Aging	_____	Mental Health	_____
Child Welfare/Family	_____	NASW Leadership	_____
Community Development	_____	Occupational Social Work (EAP)	_____
Criminal Justice	_____	Schools	_____
Other (please specify): _____		Violence Prevention	_____

Private Practice: Yes ___ No ___ Approximate hours per week: _____

Brief statement of professional interests: (Resume optional)

Special needs or preferences to be considered in matching mentee to me:

I can mentor one (1) mentee ___ or two (2) mentees ___.

I hereby authorize the Membership/MentorProgram Committee to forward a copy of this form to the person(s) assigned to be my mentee(s).

I acknowledge and understand that this mentor/mentee relationship is not a substitute for or the equivalent of supervision, as defined in IC 25-23.6-5-1 & 2. I agree that in my role as an NASW Mentor, I will not engage in clinical supervision or a therapeutic relationship with my NASW Mentee(s).

Mentor Signature

Date

Please send completed form to: National Association of Social Workers - Indiana Chapter, 1100 West 42nd Street, Suite 226, Indianapolis, IN 46208 or email to susanwack@naswin.org

Questions or additional applications: (317) 923-9878 or e-mail susanwack@naswin.org