**CPHA Mentors on Request**

Public Health Mentor Request Form *for Mentors and Educators*

**Join us!** CPHA MOR would like to connect mentors with educators to ensure the next generation is ready for community involvement and careers in public health. Please check the appropriate box below and return this form to the email address below. We will help you find a good match.

For Public

Health For

Mentors Educators

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|  |  | **Field Trips/Workplace Tours:** Guided tours of the public health workplace where students meet employees, and get a picture of how the organization functions. Duration: Approximately 2-4 hours. |
|  |  | **Guest Speakers:** Public health professionals present on pertinent topics in the news, teach students a skill (research, emergency preparedness) or describe their career pathway. Duration: 1-3 hours. |
|  |  | **Job Shadowing:** A student follows one public health professional to learn about his/her typical workday on site. Employees describe what they do, what skills and education are needed for the job, how the job functions the field. Duration: Approximately 4-8 hours. |
|  |  | **Project advisor:** Advise students/educators on school projects, competitions or service learning) Duration: 1 week- yearlong project. |
|  |  | **Capstone Advisor:** Public health professionals work with teachers and/or student(s) to develop curriculum, or a unique public health project or research, which the student(s) present to an expert panel to critique. Duration: Approximately 15-20 hrs. during a semester. |
|  |  | **Internships:** A mentored, structured and evaluated workplace experience. Duration: 30 hours or more (during one semester) for school credit. |
|  |  | My organization would like to be part of an advisory board to further develop the CPHA Mentors on Request. |

**Contact Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educational Institution or Public Health Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address­­: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Communities Served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Questions? Contact MOR at [morcpha@gmail.com](mailto:morcpha@gmail.com)