

Greater Washington Society for Clinical Social Work
(You must be a member of GWSCSW to obtain a Mentor)

Mentee Application

Name: _____ Date: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

School of Social Work: _____

Date (or anticipated date) of MSW graduation: _____

Field Placements:

First Year _____

Second Year _____

Currently Employed: No Part Time Full Time

Place of Employment:

Experience (Employment and/or Volunteer):

Reasons for seeking a mentor:

Interested in a Support Group?

Liability Waiver. I am aware that the relationship with a Mentor is a voluntary arrangement and does not constitute a professional service. GWSCSW is not responsible for any advice or guidance offered by the Mentor. The Mentee is responsible for evaluating all such information obtained from the Mentor.

Please Sign.

_____ Date _____

Mail applications to: Sheila Rowny, 5654 Shields Drive, Bethesda, MD 20817.
Questions: Please call 301-365-5823 or email srowny@aol.com.