

Greater Washington Society for Clinical Social Work

Mentor Application

Name _____ Current SW license: _____

Telephone: Home _____ Office _____ Cell _____

Email _____ Year received MSW _____ School: _____

Years of practice as LCSW/LICSW/LCSW-C: _____

Locations convenient for to you meet a mentee:

Would you be interested in running a support group? Yes _____ No _____

When would you be able to meet with a group?

Day _____ Evening _____ Saturday _____

In working as a mentor with an individual social worker, with what kinds of service agencies are you familiar?

Which geographical area do you know best as a Social Worker?

In what settings have you been employed?

What are your practice specialties?

GWSCSW does not assume malpractice liability for Mentors. No fees can be charged for mentoring. Please use the back of this form to give us your comments and suggestions.

Return this application to: Sheila Rowny, 5654 Shields Drive, Bethesda, MD 20817.

Questions: 301.365.5823 or srowny@aol.com

03/2009