



## Harbor Dental Society Mentorship Program

### Mentor Application

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_

Phone Number Area Code \_\_\_\_ Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

Undergraduate School \_\_\_\_\_

Dental School \_\_\_\_\_

Specialty School \_\_\_\_\_

Years in Practice \_\_\_\_\_

Years as an ADA Member \_\_\_\_\_

#### Practice Type

Private \_\_\_\_\_ Associate \_\_\_\_\_ Corporate/Group Practice \_\_\_\_\_

Community Health \_\_\_\_\_ Dental School/ Academia \_\_\_\_\_

Size of Practice \_\_ 1-5 Staff \_\_ 6-10 Staff \_\_ 11-25 Staff \_\_ > 26 staff

Membership in Other Associations \_\_\_\_\_

\_\_\_\_\_

Leadership Positions at Local, State, and National Level \_\_\_\_\_

\_\_\_\_\_

Leadership Positions in Other Societies \_\_\_\_\_

\_\_\_\_\_

Interests Outside of Dentistry \_\_\_\_\_

\_\_\_\_\_

Which areas of dentistry are you most comfortable in mentoring (i.e. Clinical, management, general)? \_\_\_\_\_

\_\_\_\_\_

Please send a current photo of yourself (jpeg format) to  
Email: [Janet@Harbordentalsociety.org](mailto:Janet@Harbordentalsociety.org).