Dr.Jack E. Thomas, Ph.D., HSPP, CEO, Founder, Licensed Clinical Psychologist, Health Service Provider In Psychology

Volunteer Mentor Application/Agreement (Modified 8/12/09) Please Print Legibly

Mentor/Peer Mentor Name:
Occupation
ACA Occupation #
Any Specialization?
Licensure/Certification/Registration
Board Certification Circle Yes or No
What Board
Please circle number of years that you've been in your specialty. 1. Pre-Career – Peer Mentor (Typically Graduate or Professional School Student)
 Early Career < 10 years. Full Career > than 15 years. Retired.
Institutional Affiliation
Highest Degree Earned
Where Earned?
Any other Degree?
Where Earned?
Internships/Residency/Post Doc?
Licensure/ Certification Other Credential
Email-Address*: (Required)
Do you have a website (Circle) Yes or No
If yes please give the address here
Business Address

Business Telephone Number*
·
Home Telephone Number*
Cell Phone Number*
*This information for our files. Your contact information including email address will not be given to students at any time. All information from you and to subscribers-students will be handled and monitored through our site coordinator.
Please answer a few additional questions for us.
You practice one of 330 great occupations that require years of preparation. What things most helped you to succeed in training for your profession and in practice of your profession.
Attestation:
I affirm the above information is accurate and complete and correctly reflects my training, experience and professional status. I have not omitted anything that would call my qualifications into question.
I affirm that I will abide by anyonecanachieve.com's requirement that all contacts with site mentees/subscribers will occur only through anyonecanachieve.com coordinative services. I acknowledge that any information provided to Anyonecanachieve.com to assist in mentoring students becomes the intellectual property of the website. I will not seek to directly or contact mentees /subscribers nor will I respond directly to any of mentee's inquiries outside of anyonecanachieve.com coordination. I understand that such unapproved communication would undermine the efficiency and fairness of this well thought out program. I will notify anyonecanachieve's coordinator should I violate this agreement and I will voluntarily forfeit my relationship with anyonecanachieve.com. Additionally, I will supply a jpeg (digital) photo of myself via e-mail attachment and a one page Resume of my educational background and experience.
Further, I will respond to e-mail from Anyonecanachieve coordinator/Dr.Thomas or other designee within 48-72 hours of the inquiry. I realize that this standard is flexible.
Your Signature and Date Completed
*Pre-career individuals are graduate students & professional students in good standing in the academic pipeline. These applicants are expected to share their knowledge as peer mentors.
Additional Questions To Be Answered by Mentor Applicants:
01. How did you come to choose this career?
02. Did you have a mentor?
03. What general advice do you give to young people thinking about entering your profession?
04. Do you identify yourself as a member of a minority/ethnic group? If so please tell us what group. African America Hispanic American American Indian Asian American White Ethnic American (for example Italian)
05. What barriers or hurdles did you overcome to succeed in your chosen profession?
06. Provide a very brief "bullet point" narrative of your path to success. What motivated you to persist to completion of your degree?
07. Did you ever experience any setbacks while preparing for your career? If yes, how did you overcome the setbacks?
08. Do you have an inspirational story to tell to others about your life? If so, please elaborate here.
Please submit your application on the website or Mail Application To: Dr.Jack Thomas, Totalachievement Group, P.O. Box 8772, and Bloomington, In 47407-8772 Please e-mail a copy of your Resume to us or attach a copy to an e-mail to: drjackthomas@totalachievementgroup.com

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