



# Senior Mentor Program Mentor Application

<b>Name:</b>	
<b>Address:</b>	
<b>Email:</b>	
<b>Home Phone:</b>	
<b>Cell Phone:</b>	
<b>Date of Birth:</b>	
<b>Gender:</b>	
<b>Marital Status:</b>	
<b>Emergency Contact:</b>	
<b>Emergency Phone:</b>	
<b>Physician:</b>	
<b>Phone:</b>	
<b>Preferred Gender of Students:</b>	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> No Preference

Please return completed forms to the Senior Mentor Program either by:

- Mail** – Senior Mentor Program  
Attn: Program Coordinator  
171 Ashley Avenue- EL 200B  
MSC 170  
Charleston, SC 29425
- Email** – [seniormentor@musc.edu](mailto:seniormentor@musc.edu)



# Senior Mentor Program Participation Agreement

You are invited to participate in the Senior Mentor Program, conducted by the Medical University of South Carolina. In order to participate, you must be 65 years of age or older and living in the Greater Charleston, South Carolina area.

The Senior Mentor Program is designed to help acquaint the medical students to older adults and it is our belief that this program helps promote positive attitudes towards caring for older adults as well as compliments the students' geriatric medicine training. Being a Senior Mentor means that you are volunteering to meet with two medical students in your home twice a year for the duration of their 4-year medical school experience, as long as you are willing and able. During these meetings, you will be asked to assist your student in completing the following assignments:

- ✓ **Years 1-2** – Physiology of Aging, Medical History and Relationship/Intimacy Review, Nutritional and Pharmacological Assessment (you will be asked to complete a nutrition & exercise log and allow your students to view your prescription and over-the-counter medications)
- ✓ **Year 3** – Fall Risk Assessment and a Life Review
- ✓ **Year 4** – Advanced Care Directives

Your voluntary participation will be an invaluable contribution to the medical students' geriatric education. There is no payment or any other means of compensation for participation in this program. Should you decide not to participate, this will not be held against you in any way. In addition, either you or the Medical University of South Carolina can terminate this agreement at any time. If you wish to receive any further information or have questions about this program, please call the Program Coordinator at (843)792-4459. A copy of this signed form will be provided to you.

Thank you for your cooperation and willingness to participate.

Heather A. Boger, PhD  
Assistant Professor, Dept. of Neuroscience  
Director, Senior Mentor Program

Roxan Holmes-Mikell  
Coordinator, Senior Mentor Program

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I agree to participate in the Senior Mentor Program. The nature and purpose of my participation have been fully explained to me and I completely understand both.

Participant's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_