[SAMPLE NOTICE TO POTENTIAL MENTORS]

Date

[Name of potential mentor]:

Remember when you were a student completing your educational program in dental hygiene? Do you think your time as a student would have been made easier if you had had a mentor to talk to outside of your program setting? Do you think you would have transitioned more smoothly from your educational program into the professional world if you had had a working friend to give you first hand insight? If you feel like a mentor would have benefited your dental hygiene educational experience, then maybe you’d like to participate in [name of component or constituent]’s Virtual Mentoring Program.

The [constituent or component name] as well as the ADHA are committed to excellence both in the advancement of dental hygiene and in the next generation of dental hygienists. To this end, we encourage you to participate in the Virtual Mentoring program as a way to bring dental hygienists and students together, so that students can get the guidance and encouragement they need and so that today's dental hygienists can directly nurture the future of dental hygiene.

To enroll in the program and get paired up with an interested student, simply fill out the application found at the [name of constituent or component] website and return it to [address/fax machine #]. Once you have been assigned a student to mentor, you and the student will both be notified of your pairing via e-mail. From there, it is up to you and the student to grow your relationship.

If you have questions regarding the program, please contact me at [contact e-mail].

Sincerely,
Dear [Student Name],

Being a SADHA member is the gateway to your future professional development. To assist you in fostering the type of important relationships that will be with you for the duration of your career as a dental hygienist, the [constituent or component name here] would like to introduce you to the Virtual Mentor Program.

The Virtual Mentor Program is an exciting new way to meet your peers and connect with today’s dental hygiene leaders. If you choose to participate in the program, you’ll be paired up with an established dental hygienist in your area that can answer your questions, provide guidance and support as you complete your education and introduce you to the world of being a dental hygienist that you’ll soon be entering.

To enroll in the program, review the student guidelines, fill out the student application and return it to [contact information here]. As soon as you have been paired up with a mentor in your area, both you and your mentor will be notified of the pairing via e-mail. Once you have a mentor, it is up to you and the mentor to decide how your relationship will function and to what degree you interact.

If you have any questions about the program, please contact me at [contact e-mail].

Sincerely,
SAMPLE - VIRTUAL MENTOR APPLICATION

Contact Information:

Name ________________________________
Address ________________________________
Address ________________________________
City ________________________________
State ________________________________
Zip Code ________________________________
Phone ________________________________
E-mail ________________________________

Professional Role:

Please indicate which area(s) of dental hygiene you’re involved in:

___ Clinical
___ Research
___ Education
___ Advocate
___ Administration

Please provide your dental hygiene education information:

School Attended ________________________________
Graduation Date ________________________________

Briefly summarize why you are interested in participating in the Virtual Mentor Program:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Agreement and Signature:

By submitting this application, I acknowledge that I have reviewed and agree to abide by the guidelines set forth for participation in the Virtual Mentoring program.

Name (printed) ________________________________
Signature ________________________________
Date ________________________________
[SAMPLE GUIDELINES]

Mentor Guidelines:

- I respect my student's time, and I will answer e-mails promptly. ("Promptly" is a term to be defined by the mentor and student.)
- I will try to guide my student by words and example.
- I realize the relationship between my self and my student is professional and that our communications should remain private.
- I acknowledge that any views, opinions, guidance or remarks I may make are personal and may not reflect the views, opinions, guidance or remarks of the American Dental Hygienists' Association, its constituents and components, or any other professional association.
- I will notify my student when I am unavailable to receive/send e-mails.
- I promise to abide by the guidelines or any other guidelines in the future, adopted by the Virtual Mentoring Program. If I fail to adhere to these guidelines, I understand and agree that my name may be removed from the mentoring list.
- I understand that my assignment as a mentor is voluntary. If I elect to discontinue my participation in the Virtual Mentoring Program, I agree to promptly e-mail my student of this decision. As a courtesy to my student and the Virtual Mentoring Program, I will also promptly notify the appropriate local sponsoring constituent or component.

Student Guidelines:

- I respect my mentor's time, and I promise to keep my e-mails short and to the point.
- I will try to keep requests for expedited responses to a minimum.
- I realize the relationship between myself and my mentor is professional and that our communications should remain private.
- When venting frustration or concern, I will not use profanity, make derogatory remarks, or specify names of people or entities in my communications.
- I will notify my mentor when I am unavailable to receive/send e-mails.
- I understand and acknowledge that any views, opinions, guidance or remarks of my mentor are specific to him/her and may not reflect the views, opinions, guidance or remarks of the American Dental Hygienists' Association, its constituents or components, or any other professional associations.
- I promise to abide by the guidelines or any other guidelines in the future, adopted by the Virtual Mentoring Program. If I fail to adhere to these guidelines, I understand and agree that my name may be removed from the mentoring list.
- I understand that the assignment of mentors is voluntary. If my mentor elects to discontinue his/her participation in the Virtual Mentoring Program, and I desire to be assigned another mentor, I may choose another mentor through the Virtual Mentoring Program.
Dear [mentor name]:

Thank you for your interest in participating in the [name of constituent or component] Virtual Mentor Program! After reviewing your application and searching through our list of potential students, we found a match just for you! We’d like to introduce you to [name of student], who can be contacted via e-mail at [student e-mail address]. [Name of student] is a [first or second year] dental hygiene student at [name of educational program].

[Name of student] has also been notified of your new pairing via e-mail. The next step in creating a lasting virtual relationship is to personally introduce yourself to the student you’ll be assisting. From there, it’s up to you and your student to determine how you interact.

If you have any questions or concerns, please contact [name of contact person for the program].

Sincerely,
SAMPLE - STUDENT APPLICATION

Contact Information:

Name ____________________________________________
Address ____________________________________________
Address ____________________________________________
City ____________________________________________
State ____________________________________________
Zip Code ____________________________________________
Phone ____________________________________________
E-mail ____________________________________________

Interest Area:

Please indicate which areas of dental hygiene you’re interested in:

____ Clinical
____ Research
____ Education
____ Advocate
____ Administration

Please indicate where you are at in your educational program:

____ First Year
____ Second Year
____ Other (Please specify) ____________________________

Expected Graduation Date ____________________________
Name of Educational Program ____________________________

Briefly summarize why you are interested in participating in the Virtual Mentor Program:

____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________

Agreement and Signature:

By submitting this application, I acknowledge that I have reviewed and agree to abide by the guidelines set forth for participation in the Virtual Mentoring program.

Name (printed) ____________________________________________
Signature ____________________________________________
Date ____________________________________________
Dear [student name]:

Thank you for your interest in participating in the [name of constituent or component] Virtual Mentor Program! After reviewing your application and searching through our list of potential mentors, we found a match just for you! We’d like to introduce you to [name of mentor] who can be contacted via e-mail at [e-mail address]. [name of mentor] started practicing dental hygiene in [graduation year] after graduating from [name of educational program].

[name of mentor] has also been notified of your new pairing via e-mail. The next step in creating a lasting virtual relationship is to personally introduce yourself to your new mentor. From there, it’s up to you and your mentor to determine how you interact.

If you have any questions or concerns, please contact [name of contact person for the program].

Sincerely,