



GEM-NURSING Mentor Registration Form

Name: _____

Occupation: _____

Current Job Title: _____

Business/Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Is the address you provided: _____ home _____ work

E-mail: _____

Daytime phone: (_____) _____ Evening phone: (_____) _____

If we need to call you, which phone should we use: ____ Day ____ Evening ____ Either

Fax number: (_____) _____

My gender is: Female Male

Which of the following best describes your race? (Please check **one**.)

- a. American Indian or Alaska Native
- b. Asian/Pacific Islander
- c. Black or African American
- d. Hispanic/Latina
- e. White or Caucasian, non-Hispanic
- f. Bi-racial or Multi-racial. Please Explain: _____
- g. Other. Please explain: _____

I hereby release and hold harmless, the United States Department of Labor Women's Bureau (Women's Bureau), for the use of my name, written or spoken words, photograph, picture, portrait, likeness, and voice (hereinafter collectively known as image) in order to operate, evaluate, and publicize the GEM-Nursing program (Group E-Mentoring in Nursing). This includes the right to use, reproduce, publish, exhibit, distribute, and transmit my image individually or in conjunction with other images or printed matter in the production of brochures, motion pictures, television tape, sound recordings, still photography, CD-ROM, and other media. I understand that my image may be obtained through this application and through my participation in the Women's Bureau GEM-Nursing listserv, on the GEM-Nursing web site, or at any GEM-Nursing events held at the local, regional, or national levels. I have also read the mentor guidelines, and agree to abide by them when using the Women's Bureau GEM-Nursing listserv and when participating in the GEM-Nursing program.

Signature

date

Please attach or send via email a biography and picture for the website. Content suggestions can be found in the Mentor Guidelines. Electronic formats of biographies and pictures are preferable.

Send application to Tennessee Economic Council on Women
Suite 300 Snodgrass Bldg. 312 8th Avenue N Nashville TN 37243

E-Mail: Michelle.Chambers@state.tn.us Fax: 615.253.4263 Phone: 615.253.4266