



Coalition of Occupational Therapy Advocates for Diversity

Minority Mentorship Program  
Mentor Information

Name	
Address	
Phone Number	
Email	
Preferred Method of Contact	

Are you a first-generation college student? Y/N

Are you non-traditional student? Y/N

AOTA Member? Y/N

Are you committed to regular communication with your mentor? Y/N

*Some people prefer mentors with similar lived experiences. Please complete factors that you feel would help you support a mentee.*

Do you speak another language other than English? \_\_\_\_\_

Cultural Identity:

Primary Interests in OT and Other:

- 1.
- 2.
- 3.

Briefly describe your interest in this program and what you hope to give and receive from participating?

Anything specific you are seeking in a mentee?

*Thank you for your interest in the Minority Mentorship Program!  
Please send your completed information to [cotad2015@gmail.com](mailto:cotad2015@gmail.com).*