
13. Briefly list your experiences with youth groups, and state the nature of your experiences

14. State briefly what you consider to be the strongest asset you would bring to this summer mentor/counselor position

15. Please include with the application, two letters of recommendation

My best time for an interview would be _____ **Day of the week** _____ **Hour** _____

16. I agree to submit to a WVU background check: _____

Please hand write or type in "yes" or "no"

17. Please indicate which position you are applying: _____ **Mentor** _____ **Asst. Head Mentor**

Signature Required _____
(Background Check) Full Name Date

17. Please remember if hired: you will need your Driver's License or Photo ID, Social Security Card and a Blank Check for payroll purposes. You must have a current checking account for Direct Deposit

APPLICATION DEADLINE: Applications will be taken until all positions are filled for summer program. Priority will be given to those applications submitted by Friday, March 23rd.

PLEASE RETURN YOUR APPLICATION TO:

Mail: **Wanda Stone**
Robert C Byrd Health Sciences Center
PO Box 9026
Morgantown, WV 26506-9026

Email: wstone@hsc.wvu.edu

Application Checklist:	2 letters of recommendation	_____
(office use only)	Transcripts (official/unofficial)	_____
	Resume	_____
	Completed Application	_____