



MENTOR PROGRAM STUDENT APPLICATION

MENTEE'S PLEDGE

I understand that the purpose of the Hospitality College Mentor Program is to introduce me to professionals. The mentors have volunteered their time and energy to provide me with industry this unique experience.

By filling out and submitting this form, students agree to follow through with the program requirements outlined below...

- Minimum of four visits to the property to meet with my mentor.
- Call or e-mail my mentor as appropriate to keep in contact.
- Act and dress professionally and treat my mentor respectfully.

APPLICATION PROCEDURE

Please submit the following in one complete package to the Hospitality College Career Center (Hospitality Hall - Room 128):

- Completed application
- Current resumw
- Copy of transcript OR *MyUNLV* grade report (Under *Academics*, click on the drop-down box and select *Grades*. Select current term and print page.)

APPLICATION DEADLINE: Monday, September 12th

STUDENT'S PERSONAL INFORMATION

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Last Name	First Name	Nickname (Name You Prefer To Be Called)	
<hr/>			
NSHE ID Number	WebCampus User Name (Rebel Mail Prefix)		
<hr/>			
Preferred Phone Number	E-mail Address		
<hr/>			
Are you 21 years of age or older (select areas require 21 or older mentee)?	Yes	No	
<hr/>			
Please indicate gender:	Female	Male	Prefer Not To Disclose

EMPLOYMENT INFORMATION

Are you currently employed? Yes No

If yes, please complete information in box below.

Employer: _____

Department: _____

Job Title: _____

Employment Status: Full-Time Part-Time

Regular Shift and Times Worked: _____

Regular Days Off:

ACADEMIC INFORMATION

Hospitality Major? Yes No

Degree Emphasis: _____

Cumulative Grade Point Average: _____

List awards and/or special recognition you have received:

AWARD/SPECIAL RECOGNITION	DATE RECEIVED

List the agencies where you perform community service and/or volunteer activities:

STUDENT ORGANIZATION/AGENCY NAME	SERVICE DATES

Have you been previously paired with a mentor through the Hospitality Mentor Program?

Yes No

If yes, please complete below:

NAME OF MENTOR	WOULD YOU LIKE TO PAIRED WITH THIS MENTOR FOR THIS YEAR'S PROGRAM?
	Yes No
	Yes No

If you are accepted for the Mentor Program, would you prefer to be paired with a male or female professional mentor?

Female

Male

No Preference

SHORT ANSWER QUESTIONS

1. Describe three things you hope to gain from the Mentor Program.

2. Describe your career goals.

What top three hospitality areas are you most interested in receiving mentorship?
Please rank 1, 2, and 3.

	Culinary		Hotel
	Event Planning		Human Resources
	Finance		Sales and Marketing
	Food and Beverage		Tourism and Conventions
	Gaming		Other:

The Program Administrators make every effort to pair you with a mentor that meets your development needs. Please note below if you have any organization/property, department, position, or gender preferences.

General Release
University of Nevada, Las Vegas (UNLV) - College of Hospitality

WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT

I, _____, am a student enrolled at the University of Nevada Las Vegas (UNLV), a member institution of the Nevada System of Higher Education ("NSHE"). I understand and hereby acknowledge that I have voluntarily elected to participate in the civic engagement opportunity.

_____ (the "Activity")
enter name of project, event or organization

I understand and agree that the Activity involves certain risks which include, but are not limited to, the following:

1. Traveling to and from the Activity. Transportation is is not **(circle one)** provided by UNLV.
2. Manual labor, including lifting, reaching, stretching, and moving objects, individuals should be aware of own physical limitations.
3. Inclement weather that can impact safety (rain, cold, wind, heat).
4. Injuries due to the use of equipment of an outside organization or the condition of the outside organization's facilities or operations.
5. Working with other volunteers or individuals from organizations outside of UNLV.

Knowing this information and the risks related to this Activity, in consideration of my participation in the Activity, I **expressly** and **knowingly** agree as follows:

RULES AND REQUIREMENTS:

I agree to conduct myself in accordance with UNLV policies and procedures, including those listed in the UNLV Student Code of Conduct. I further agree to abide by all the rules and requirements of the Activity. I acknowledge that UNLV has the right to terminate my participation in the Activity if it is determined that my conduct is detrimental to the best interests of the University or other participants, my conduct violates any rule of the Activity, or for any other reason in UNLV's discretion.

INFORMED CONSENT:

I have been informed of and I understand the various aspects of the Activity, including the dangers, hazards, and risks inherent in the Activity, including but not limited to transportation to and from campus via private vehicle, participation in the manual labor, physical exertion, weather conditions, conditions of equipment, facility conditions, negligent first aid operations or procedures, and in any activities I undertake as an adjunct to the Activity. I understand that as a participant in the Activity I could sustain serious personal injuries, property damage, or even death as a consequence of not only UNLV's actions or inactions, but also the actions, inactions, negligence or fault of others or myself, and that there may be other risks not known to me or not reasonably foreseeable at this time. I further understand and agree that any injury, property damage, disability or death that I may sustain by any means is my responsibility except for those occurrences due to UNLV's negligence or intentional acts.

RELEASE AND WAIVER OF LIABILITY:

To the extent authorized by law, I, individually, and on behalf of my heirs, executors, administrators, personal representatives, successors and assigns, hereby release, forever discharge and agree not to sue State of Nevada, NSHE and UNLV and their officers, employees, agents, volunteers and representatives, from any and all liability, loss, claims, demands, causes of actions (known or unknown), suits, judgments, cost, expense or attorneys' fees, including, but not limited to, those arising from injury, loss or damage to my person or property, which arise out of, occur during, or are in any way the result of or connected with my participation in the Activity, **REGARDLESS OF WHETHER THE INJURY, LOSS OR DAMAGE IS CAUSED BY NSHE OR UNLV, UNLESS THE INJURY, LOSS OR DAMAGE IS CAUSED BY NSHE OR UNLV'S NEGLIGENCE OR INTENTIONAL ACTS, AND REGARDLESS OF WHETHER THE INJURY, LOSS OR DAMAGE OCCURS WHILE IN, ON, UPON, OR IN TRANSIT TO OR FROM THE PREMISES WHERE THE ACTIVITY OCCURS OR IS BEING CONDUCTED.** I further agree that NSHE and UNLV are not in any way responsible for any injury or damage that I sustain as a result of my own acts

ASSUMPTION OF RISK:

I understand that there are potential dangers incidental to my participation in the Activity, some of which may be dangerous and which may expose me to the risk of personal injuries, property damage, or even death. I understand that there are potential risks as a consequence of my participation in the Activity which include, but are not limited to the following: travel to and from University property via private vehicles, manual labor, physical exertion, weather conditions, facility conditions, equipment conditions, first aid operations or procedures, and other risks that are unknown at this time. I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE ACTS OF NSHE OR UNLV, UNLESS THEY ARISE FROM NSHE **OR UNLV'S NEGLIGENCE OR INTENTIONAL ACT**, and I assume full responsibility for my participation in the Activity.

INDEMNITY:

I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend, and hold harmless NSHE and UNLV and their employees, agents, and representatives, from any and all liability whatsoever for any and all damages, losses, or injuries (including death) I sustain to my person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, expenses and costs, including attorneys' fees, which arise out of, result from, occur during, or are connected in any manner with my participation in the Activity.

PERSONAL MEDICAL INSURANCE:

I understand that neither the NSHE nor UNLV will provide health insurance coverage to me during any aspect of my participation in the Activity. I further acknowledge that I am responsible for the cost of any and all medical and health services I may require as a result of participating in the Activity.

CONTROLLING LAW:

To the extent that I, individually, or my heirs, successors, assigns, or personal representatives bring a claim of any kind whatsoever against NSHE and/or UNLV and/or their employees, agents, and representatives, I agree that this Waiver, Release and Indemnification Agreement is to be construed under the laws of the State of Nevada, including the provisions of Nevada Revised Statutes Chapter 41.

I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

Participant's Name: _____

Participant's Signature: _____

Dated: _____

If participant is a minor:

I expressly represent that I am a parent or legal guardian of Participant, that I am legally authorized and entitled to execute this agreement on my behalf and that of Participant, that I have read the foregoing agreement and have signed on behalf of Participant and myself with a full understanding of its purpose. I acknowledge that the activity specified involves strenuous activity, and I know of no medical reason why Participant should not participate. I affirmatively represent that I am competent to execute this agreement, Participant and I intend to be bound by it, and agree that it shall be governed by the laws of the State of Nevada Guardian's Name:

Guardian's Signature: _____

Dated: _____

EMERGENCY NOTIFICATION INFORMATION:

Emergency Contact's Name: _____

Address: _____

Phone #: _____

Please list any special medical services required, existing medical conditions, or allergies of Participant.

