

AMCP STUDENT CHAPTER
UNIVERSITY OF THE PACIFIC

Student Membership Application 2011-2012

Name: _____ ID #: _____

Date of birth: _____ Year in school: _____ Mail box#: _____

Address: _____

Phone: _____ Cell: _____

Primary Email Address: _____

Are you interested in a leadership opportunity in mentoring undergrad pre-pharmacy student?

Yes _____ No _____ *(If you are interested to be a mentor, please fill out attached form)*

Chapter Membership Fee: \$50

Method of Payment:

Cash

Check

Amount _____

Check # _____

Student Account

Signature _____

Don't forget to turn in this form to any AMCP board member!

If you have any questions, please email:

Tiffany Smith t_smith15@u.pacific.edu or Jenny Thai j_thai1@u.pacific.edu



Interested in becoming a mentor?

AMCP members have the opportunity to influence and guide pre-pharmacy students at UC Davis, CSU-Sacramento, UC Merced, and CSU-Stanislaus. Mentors will provide insight regarding the various pathways in the practice of pharmacy, including managed care pharmacy.

To be a mentor, the following are required:

- Active AMCP membership
- Willingness to help others

Commitment

- As a mentor, your name and email will be provided to a pre-pharmacy student. You will also receive their contact information.
- Collaboration between two parties is dependent upon the level of interest of the two parties involved
- Two events per academic year
 - (Social Night in the Fall and Outreach Event in the Spring)

Are you lacking leadership experience or looking to add to your CV?

This is a unique opportunity to demonstrate leadership and expand your CV!

Please email Justin Warren j_warren3@u.pacific.edu if interested in participating in this mentorship.

**AMCP Members in the Mentor Program get
HONOR CORD!!!**

Not an AMCP member?
Contact the AMCP Public Relations Co-Officers
Tiffany Smith t_smith15@u.pacific.edu
Jenny Thai j_thai1@u.pacific.edu



Pacific Chapter

Mentor Program questionnaire

Please fill out the following questions

NOTE: the more specific and thorough your answers, the easier it will be to match you with the best mentee

Name : _____

Mailbox # _____

Email: _____

Phone #: _____

Date of Birth ___/___/_____

ID/988# _____

1st year: _____ 2nd year: _____

Pre-pharm: _____ Transfer: _____

Transfer from? _____

Major? _____

Male: _____ Female: _____

Preference for mentee? Male:___ Female :___ No preference: _____

Name of preferred mentee? _____

For the most effective outcome, it may be best to pair up with someone that you do not know

Are you currently employed, if so, where? _____

Are you involved in any on-campus activities? (This may include: volunteering for ASP–Operation Diabetes, Immunizations, etc)

Hometown: _____

Ethnicity (optional): _____

Would you prefer to be teamed up with someone of similar ethnic background? _____

Which ethnicity or religion would you like to be matched with? (Circle all that apply.)

(Disclaimer: We will do our best to accommodate you, but there are no guarantees.)

Asian-American/Pacific Islander

African-American

Caucasian

Indian (Southeast Asian)

Middle Eastern

Native American

Hispanic

Other: _____

What do you like to do for fun? (eg. Sports, music...etc)

Is there something you want to add about yourself?

