



Ohio Association of School Nurses

P.O. Box 1075
Wooster, Ohio 44691
330-601-1366
www.oasn.org

Mentor/Mentee Application Form

If you are interested in becoming **OR** having a mentor for the next school year, please complete and return this form to:

Heidi Steiner, RN, M.Ed., NCSN
Executive Director, Ohio Association of School Nurses (OASN)
P.O. Box 1075
Wooster, OH 44691
330-601-1366
Or email: heidi.steiner@aol.com

_____ Yes, I would like to be a mentor.

_____ Yes, I am a RN new to practicing in the school setting and would like a mentor.

_____ Yes, I would like information regarding regional, state and national membership in my professional organizations.

My contact information is:

Name: _____

Address: _____

Phone: Home _____ Work _____

Email: _____

Work Address: _____

School District: _____

County: _____