2021 2022 Diversity Mentoring Cascade Application for New Trainees

This application is for new medical students, PhD students, residents and fellows. You are invited to the Weill Cornell Diversity Center of Excellence's Mentoring Cascade! Please fill out the questions below to help us update the curriculum and assist with creating mentoring teams. If you have any general questions or concerns, please email our Diversity Center of Excellence Team at dcoe-dmc@med.cornell.edu.

| First and Last Name | |
|---------------------|-------|
| | |
| Trainee Year | |
| MS 1 | |
| MS 2 | |
| MS 3 | |
| MS 4 | |
| | Other |
| PGY 1 | |
| PGY 2 | |
| PGY 3 | |

| | Fellow |
|--------------------------------------|-------------------------------------|
| | MD-PhD (Enter class year) |
| | PhD Student (Enter year in program) |
| For PhD students, Resid | ents and Fellows, list department. |
| Select race/ethnicity. Mu | ltiple answers are allowed. |
| American Indian or Alaska N Asian | Native |
| Black or African American | |
| Latino | |
| Native Hawaiian or Pacific I | slander |
| White | |
| | Other |
| | |
| Age group | |
| 20-29 | |
| 30-39 | |
| 40-49 | |
| 50-59 | |
| 60+ | |
| Hometown and State or | Home Country |
| Email | |

| Phone Number |
|--|
| |
| If you have an idea, what are some of your career goals? |
| |
| |
| |
| What are some of your personal interests (hobbbies)? |
| |
| What expectations do you have of a mentor? |
| |
| |
| |
| What do you hope to gain from this experience? |
| |
| |

To personalize your experience with your mentor, please upload a copy of your CV in pdf format. This can also be emailed to: dcoe-dmc@med.cornell.edu

| Any dietary restrictions? |
|---|
| Yes (please list) |
| No |
| |
| Are you available to attend the Tuesday 10/26/21 Session (5-7:30pm) |
| Yes |
| No |
| |
| If not addressed above, please share any comments and/or questions below. |
| |
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| |
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