



RANDOLPH AIR FORCE BASE
Recovering Airman Mentorship Program (RAMP)
Mentoree Application



Name: (please print) _____

Rank: _____ Career Specialty: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Work Phone: () _____

Email: _____

Secondary Email: _____

What do you expect from the Mentor? _____

What language(s) do you speak (other than English)? _____

Your Gender: M F Do You Have a Mentor Gender Preference? M F

Birthdate: _____ Date of injury/illness: _____

Type of Injury/Illness: _____

Interests/Hobbies: _____

Nonmedical Care Manager Signature: _____

--OR--

Recovery Care Coordinator Signature: _____

Agreement:

Upon being assigned a Peer Mentor through the Air Force Warrior and Survivor Care Division (AFPC/DPFW), I agree:

- To adhere to all the AFPC/DPFW and RAMP policies and procedures.
- To notify the RAMP Program Manager and mentor if contact information changes.
- I will always conduct myself in a positive, respectful and professional manner.
- I will not engage in any inappropriate or unwarranted behavior which would cause harm to the assigned mentor.
- As a mentee, if my actions are deemed harmful, and are a threat to the mentorship program, I will promptly notify the Program Manager and get assistance.
- I understand that I may request another mentor at the discretion of RAMP Program Manager and Leadership at anytime.
- I authorize the RAMP Program third party release consent of my Name, Email, Phone, and City/State with assigned Mentor/Mentoree.

I understand my participation and involvement as a RAMP Mentoree is voluntary and I can terminate at any time with notice, or I may be removed by the RAMP Program Manager if a negative relationship with the Mentor develops.

Signature:

_____ **Date:** _____

Email Completed Document to RAMP at: **AFPC.DPFWS.RAMP@us.af.mil**