



Winnipeg Interprofessional Student-Run Health Clinic (WISH) Mentor Volunteer Application

The Winnipeg Interprofessional Student-Run Health Clinic (WISH Clinic) is a student-driven interprofessional project that focuses on providing health services to people in the Point Douglas area of Winnipeg out of Mount Carmel Clinic (886 Main St, Winnipeg).

As a mentor you will be playing a critical role in both patient care and the education of students. Mentors of the WISH Clinic's clinical care team will provide supervision of student volunteers from varying disciplines as they coordinate patient care. Patients are triaged by senior students as they enter the clinic. Then an interprofessional team of students (1 senior, 1 junior) is selected to gather information and present the case to the appropriate mentor. It is the role of the mentor to guide students in developing a diagnosis and treatment plan for the patient, and to promote an interprofessional environment.

Each shift will comprise of a team of mentors of varying disciplines, guiding a group of up to 8 health care students. The team of mentors will include a staff nurse and staff physician in order to provide continuity of care to the patients. Shifts are approximately four hours long (1:00 pm – approximately 5:00 pm) on Sunday afternoons. Each mentor will receive an honorarium of \$100 per shift, with the option of donating it back to the clinic and receiving a tax deductible receipt.

There is no set time commitment involved in volunteering as a WISH Clinic mentor. You can provide your services for as little as one shift or as many shifts as you would like.

In order to apply, please return this Mentor Volunteer Application completed to the WISH Mentor Committee at mentors.wishclinic@gmail.com. Mentors must be licensed by their appropriate licensing bodies. Mentors must carry professional insurance, as well as hold at least a nil salary appointment with the University of Manitoba or be a volunteer or staff of Mount Carmel Clinic. These conditions are required for liability coverage for the clinic. If you are unsure, or do not meet these conditions please contact us.

Mentors will also be expected to attend a joint orientation session with students, in order to familiarize themselves with the operations of the clinic.

If you have any questions please visit www.wishclinic.ca or email us at the address above.

Thank you for your interest, we hope to hear from you soon!



NAME: _____ **PHONE:** _____

Surname **Given Names**

E-MAIL: _____

DISCIPLINE: _____

ADDRESS: _____

AFFILIATION: _____

**DO YOU HOLD A U OF MB
APPOINTMENT (Full or NIL)**

**HAVE YOU EVER WORKED OR VOLUNTEERED
AT MOUNT CARMEL CLINIC? (If so please
specify current status)**

**LIABILITY INSURANCE
(WRHA/INDIVIDUAL)**

**HOW OFTEN WOULD YOU LIKE
TO VOLUNTEER**

SIGNATURE

DATE