

Intake Form				
Question 1	Email Address		Question 15	How often do you interact with medical students/residents in a clinical setting? (Choices: 0 times/year, 1-3 times/year, 4-6 times/year, 7+ times/year)
Question 2	Full Name		Question 16	Indicate your level of understanding regarding the medical school application process (1 = no understanding, 10 = complete understanding)
Question 3	Mobile Phone Number		Question 17	If planning on applying to medical school, have you written your personal statements? Choices: Yes, No, In the process of, I do not plan on applying to medical school)
Question 4	Address		Question 18	If planning on applying to medical school, are you comfortable with going to medical school interviews? (Choices: Not at all, Somewhat comfortable, Completely comfortable, I do not plan on applying to medical school)
Question 5	Age		Question 19	How familiar are you with "Family Medicine" as a specialty? (1 = not familiar at all, 10 = very familiar)
Question 6	School		Question 20	If planning on applying to medical school, how strongly are you considering Family Medicine as a specialty? (1 = not at all, 10 = very strongly considering)
Question 7	Current Level of Education (Choices: 1st Year, 2nd Year, 3rd Year, 4th Year)		Question 21	If you have ever been in a mentorship program, has it affected you positively? (0 = I have never had a mentor, 1 = My mentorship experience had no positive effect on me, 10 = My mentorship experience had a very significant positive impact on me)
Question 8	Major & Minor (if any)		Question 24	What are you hoping to get out of this program? Please be specific and include topics you would like to be mentored on.
Question 9	Gender (choices: Female, Male, Non-binary/third gender, Prefer to self-describe, Prefer not to say)		Question 25	How did you hear about this mentorship program?
Question 10	The following question is for demographic purposes only. What is your ethnicity? (Choices: Hispanic/Latino/Spanish origin, NOT Hispanic/Latino/Spanish origin, Prefer not to say)			
Question 11	The following question is for demographic purposes only. What is your race? (Choices: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, White, Prefer not to say)			
Question 12	Do you feel empowered to mentor junior leaders? (Choices: Yes, No, I would be able to if trained on the mentorship process)			
Question 13	Are you considering applying to medical school? (Choices: Yes, No, Maybe)			
Question 14	Are any of your family or close friends physicians? (Choices: Yes, No)			