



St. George's University

Alumni Admission Mentor Program (AAMP)

One of the goals of the Alumni Admission Mentor Program is to have a successful volunteer program with ever increasing alumni membership from the School of Medicine and Veterinary Medicine, who represent diverse backgrounds and educational goals. AAMP provides a variety of opportunities for enthusiastic and engaged alumni to support the Office of Enrolment Planning. Alumni volunteers assist the Office of Enrolment Planning, speaking to prospective students and their parents to help potential students make the right decisions about their medical education. The Alumni Admission Mentor Program was created to offer opportunities to involve alumni with multiple volunteer recruitment efforts assisting St. George's University in finding the best students from each year's applicant pool.

- Yes, I would like to be part of the Alumni Admission Mentor Program (AAMP)**
- I would like to continue to participate in the AAMP**

If you have not previously responded or it has been awhile, please check any AAMP activities below in which you are interested.

Name: _____

- I would like to participate in Open House Presentations
- I would like to participate at College Fairs
- I would like to visit my undergraduate university/college
(Institution Name _____)
- Call me if you need a letter or phone call made.
- I am interested in having an SGU student shadow me.
- I would like to interview prospective students

Alumni Volunteer Directory (AVD)

The Alumni Volunteer Directory is a publication that contains brief career synopses for each alumni volunteer made available to applicants, students and graduates to discuss career development, career options, etc. The Directory is both a published and web-based resource (www.sgu.edu/avd), which contains biographical information only. Contact information is given when requested of an admissions counselor. Help us keep our records up to date, so we can keep you up to date. Please take a moment to tell us about yourself and where you are.

I want to be included in the AVD ___Yes ___No If yes, please complete and submit the completed AVD biographical form on the reverse side of this page

Alumni Volunteer Directory Biographical Information Form

Please note, the next issue of the AVD will be published in early 2009. Please submit your biography to reflect this point in time

Name: _____ (include maiden or other names) Date: _____

Graduation Date: _____

School of Medicine School of Veterinary Medicine Master of Public Health Master of Science

Mailing Address:

City: _____ State/Country: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Email: _____

Current Position (s) _____

Practice Address, or Post Graduate Training Location:

Has your license to practice medicine ever been suspended or revoked? ___No ___Yes

Please tell us about your current career, any awards, faculty appointments, news, announcements, activities, accomplishments, in fact anything you would like to brag about. (40-50 words) **Please print clearly.**

Please contact Thomas Day, AAMP Program Coordinator, if you have any questions.

Completed forms can be either scanned, emailed, sent, or faxed to Thomas Day

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