



**University of New Mexico Health Sciences Center
Research Experience for High School Students (REHSS)
Mentoring Agreement**

Demographic Information

Mentee Name : _____ SSN: _____
 Date of Birth: _____ High School student is currently attending: _____
 Permanent Address: _____
 Primary Phone: _____ Preferred Email: _____
 Parent(s) or Guardian(s) Name:
 Name: _____ Relationship: _____
 Name: _____ Relationship: _____
 Primary Phone: _____ Secondary/Alternate Phone: _____

Research Agreement

This program is designed to provide high school students with an opportunity to learn about and experience scientific research. As such, the Mentor and Mentee are entering a relationship that we expect to be beneficial to both parties. We look forward to the Mentor and Mentee working together to develop substantive research activities. In order to facilitate this goal, the pertinent and important aspects of this Agreement are listed below.

Basic Description of research activities/project: _____

Duration of program (must be specific start and end dates; start date must be 2 weeks after this form is finalized):

Start Date: _____ End Date: _____

Expected Daily schedule:

	Mon	Tues	Wed	Thurs	Friday
	_____	_____	_____	_____	_____

Other Expectations, Training, Conditions: _____

REHSS participants are not allowed to participate in or observe any research pertaining to live vertebrate animals (e.g. cannot enter the ARF nor be present in another area with live vertebrates) nor may they work with or enter into facilities using BSL2 or BSL3 pathogens (even if no materials are present).

Laboratory Location (Building/Room): _____ Phone: _____

What is the location's biosafety rating (choose one): BSL-1 BSL-2 BSL-3 Not a BSL Facility

Will the participant be present with live vertebrates? Yes / No

Will live vertebrates be present in the lab between the start and end dates of the REHSS program while the participant is not present? Yes / No

Secondary Mentor

Principle Investigator (PI)

Mentor (if not PI)

(post-doc, grad student, staff)

Name:	_____	_____	_____
Primary Department:	_____	_____	_____
Cell Phone:	_____	_____	_____
Office Phone:	_____	_____	_____

Mentor Initials: _____

Mentee Initials: _____



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Expectations of Mentee:

- Be committed to a high standard of excellence and integrity in all of your work.
Learn independently when possible and seek guidance when needed.
Be respectful of the time and efforts of all members of the laboratory group.
Conduct research honestly and report it accurately.
Maintain accurate data notebooks and acknowledge the contributions of others.
Respect the confidentiality of unpublished research.
Wear program badge at all times while on the UNM Health Sciences Center campus
Complete basic training via Learning Central, including BAST, HIPAA and HSC Code of Conduct
Complete additional training as instructed by research mentor.

Expectations of Mentor:

- Expose the student to research methodologies, and the library and laboratory skills that will foster the Mentee's interest and understanding of scientific methods.
Provide a work environment that will support the student's learning and research efforts.
Provide an understanding of the ethical implications of the research and model ethical behavior.
Fairly acknowledge student contributions and recognize the student as an apprentice researcher rather than an employee.

Restrictions on Mentees:

- 1. Mentee is not allowed to participate in or observe any research pertaining to live vertebrate animals.
2. Mentee may only work in Biosafety Level (BSL) - 1 laboratories with BSL-1 agents or non-BSL facilities. They may not work with or enter into facilities using BSL-2 or BSL-3 pathogens.
3. The Mentee must be accompanied by the mentor, or an appropriate supervisor assigned by the mentor, at all times while in the laboratory or research setting.
4. Mentee must be in good academic standing throughout the time period set out in this Agreement.

By signing this agreement, the Mentor and Mentee agree to adhere to all expectations as outlined in this agreement and abide by the same Code of Conduct and Ethics policies as all other UNM/HSC University system faculty, staff, students and affiliates.

Mentor: _____

Mentee: _____

I have read this Agreement and agree to provide permission to my child to participate in the Research Experience for High School Students at the University of New Mexico Health Sciences Center, as outlined in this Agreement.

Parent/Guardian (Print Name) _____

Parent/Guardian (Signature) _____

Date: _____

Once completed and signed, please submit this agreement to the BREP Office in HSSB 223.

This must be done a minimum of TWO WEEKS prior to the start date of the research experience.

Note: Should the need arise to terminate this agreement, the BREP Office will be notified and consulted. Once an appropriate solution is identified and implemented, this agreement will no longer be in effect.