

RMHMP COORDINATOR JOB DESCRIPTION & AGREEMENT

1. The Rural Manitoba Health Mentorship Program (RMHMP) is a student-run program; the coordinators are responsible for coordinating all aspects of the program. The coordinators are committed to improving the program in any way possible, to ensure its success for years to follow.
2. The RMHMP has three coordinators, one from each of the three hospital sites, who are selected from the previous year's coordinators. Each coordinator acts as a liaison with their respective site for the following year's program cycle.
3. The position as coordinator for the RMHMP is a year-long commitment, starting in the summer of each year.
4. The duties are distributed evenly between the three RMHMP coordinators.
5. General duties include, but are not limited to:
 - **Advertisement** (*October-January*)
Preparing and distributing posters, updating website and managing Facebook page.
 - **Participant Selection Process** (*February-March*)
Grading applications, interviewing candidates and selecting participants.
 - **E-mail Correspondence** (*All year round, but mostly January-April*)
Communicating with applicants, participants, site coordinators and any other personnel involved with the management and/or planning of the RMHMP.
 - **Orientation Information** (*March-April*)
Preparing all orientation documents for participants.
6. Coordinators **MUST** be available for the following program components:
 - **Meeting with 2019 Coordinators** (*Summer*)
Previous coordinators transfer information/documents and discuss duties.
 - **Coordinator Meeting** (*September*)
Discuss ideas and dates, delegate responsibilities and formulate a plan of action.
 - **Meeting with Wayne Heide** (*Fall*)
Discuss ideas and confirm important dates.
 - **Information Sessions** (*January*)
 - **Interviews** (*March*)
 - **Orientation Dinner** (*April*)
 - **Debriefing Meeting** (*May*)
 - **Meeting with 2020 Coordinators** (*Summer*)
7. All information, documents and templates are transferred to subsequent coordinators to be used the following year.
8. Wayne Heide, the overseer of the program, is consulted regarding important program decisions and in the event of any program issues that arise.

I, _____ (print name), have read and understand the above information, and agree to participate fully in all program components as a coordinator for the Rural Manitoba Health Mentorship Program. I also understand that if I fail to fulfill my responsibilities as a coordinator, I may be removed from the position.

(Signature)

(Date)