



Mentor Application for Participation in Career Education Mentoring Program

PLEASE RETURN COMPLETED FORM TO THE COORDINATOR OF CAREER EDUCATION AT THE ABOVE ADDRESS.

TO BE COMPLETED BY APPLICANT

NAME OF APPLICANT (Last, First, MI)		*SOCIAL SECURITY NO.	
HOME STREET ADDRESS		CELL PHONE NO.	HOME PHONE NO.
CITY		STATE	ZIP CODE
APPLICANT'S SCHOOL E-MAIL ADDRESS		HOME E-MAIL ADDRESS	
Currently Employed <input type="checkbox"/>		Retired <input type="checkbox"/>	Year of Retirement _____
SCHOOL DISTRICT NAME (Where currently employed or last school served, if retired)		SCHOOL BUILDING NAME	
TEACHING CONTENT AREA:			
<input type="checkbox"/> Agricultural Education <input type="checkbox"/> Family and Consumer Sciences <input type="checkbox"/> Technology and Engineering Education <input type="checkbox"/> Business Education <input type="checkbox"/> Health Sciences Education <input type="checkbox"/> Counselor K-12 <input type="checkbox"/> Cooperative Education <input type="checkbox"/> Marketing Education <input type="checkbox"/> Counselor 9-12 <input type="checkbox"/> Occupational Family and Consumer Sciences (<i>specify program area</i>) _____ <input type="checkbox"/> Skilled Technical Sciences (<i>specify program area</i>) _____			
Length of time at current school		Total number of years in teaching	
SPECIFIC COURSES TAUGHT			
CURRENT CERTIFICATONS HELD			
Are you affiliated with and active in a career and technical student organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which one: <input type="checkbox"/> FFA <input type="checkbox"/> FBLA <input type="checkbox"/> FCCLA <input type="checkbox"/> DECA <input type="checkbox"/> SkillsUSA <input type="checkbox"/> TSA <input type="checkbox"/> HOSA Are you active on an advisory committee? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Committee _____ Are you a member of a professional organization: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> National ACTE <input type="checkbox"/> MoACTE <input type="checkbox"/> ACTE DIVISION _____ Have you served in a professional organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what capacity? _____			

ADDITIONAL INFORMATION

Why do you want to be a mentor?

Have you read and sent to MCCE the assurances from the *Mentor Resource and Certification Manual*, page 27? Yes No

List professional development activities (courses or workshops attended or presented in the last two years):

ACTIVITY	DATE

MENTOR COMMITMENT

By signing this application, I commit to actively participate in the mentoring program by communicating regularly with the protégé, attending all required meetings, and making a visit to the protégé's school or having the protégé visit my school.

SIGNATURE OF APPLICANT

DATE

* View the Social Security Disclosure Notice

SCHOOL DISTRICT COMMITMENT

The school district will provide support for this applicant to participate as a mentor in the Career Education Mentoring Program. This includes allowing the applicant to: be absent from school for all required meetings, make a visit to the protégé's school or have the protégé visit your school, and communicate regularly with the protégé. The cost of the applicant's substitute teacher for the required absences from school, up to a maximum of \$70 per day, will be reimbursed to the District.

NAME OF ADMINISTRATOR MAKING COMMITMENT (Please print)

TITLE

SIGNATURE OF ADMINISTRATOR

DATE

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