

DESE School Counseling Mentor Application

Personal Information

Name: _____

School Name/Address: _____

Home/Cell Phone: () _____ - _____ Work Phone: () _____ - _____

Email Address for contact: _____

Principal's Name and Email: _____

Employment Information

What grade level do you currently work with (please circle).

Elementary Middle High Supervisor/Counseling Director

What is your preferred means of communication with your mentee?

Indicate your current memberships: () Regional School Counselor Association () MSCA () ASCA

Additional Information

Please describe your definition of a successful mentoring relationship.

Please write a brief statement on why you wish to participate in the DESE Mentoring Program.

Administrator Section:

Administrator's signature _____

If you have questions/concerns regarding this placement, please contact Amber Ernst at the email listed below.

Thank you for your interest in the DESE Mentoring Program. Please submit your application to: Amber Ernst at amber.ernst@dese.mo.gov