

Mentor Application for Participation in School Counseling Mentoring Program

The school counseling mentoring program requires a two-year commitment.



Name: Last _____ First _____ MI _____

Home Mailing Address _____

City _____ State _____ Zip _____ Cell Phone: _____

_____ Currently Employed _____ Retired (Year of retirement _____)

Level: ___ Elementary ___ Middle School/Junior High ___ Secondary ___ K-12

Years of Experience as a School Counselor _____

MSCA Region _____

Business Address: (Currently Employed or last school served if retired)

School _____ Street Address _____

City _____ State _____ Zip _____ Business _____

E-Mail-(school) _____ (personal) _____

Current Certification(s) _____

List Professional Development Activities (courses or workshops attended or presented in the last two years)

Activity _____ Date _____

Professional Organizations:

Leadership positions:

Are you familiar with the Internal Improvement Review (IIR) _____

Have you completed an action research project (formerly called PRoBE) _____

Reference: Name _____ Phone _____

Reference: Name _____ Phone _____

MENTOR COMMITMENT (if selected)

By signing this application, I commit to actively participate in the school counseling mentoring program by communicating regularly with the mentee, attend all required meetings, and completion and submission of forms as delineated in the program manual.

Applicant Signature _____ Date _____