



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 DIVISION OF LEARNING SERVICES – OFFICE OF COLLEGE AND CAREER READINESS

MENTOR APPLICATION FOR PARTICIPATION IN CAREER EDUCATION MENTORING PROGRAM

INSTRUCTIONS

Please return completed form to:
 Missouri Department of Elementary and Secondary Education
 Coordinator of Career Education
 P.O. Box 480, Jefferson City, Missouri 65102-0480
 Questions: Contact Office of College and Career Readiness 573-751-3500

APPLICANT INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL	COUNTY-DISTRICT CODE
HOME STREET ADDRESS			CITY		STATE ZIP
HOME PHONE			CELL PHONE		
APPLICANT'S SCHOOL EMAIL ADDRESS <input type="checkbox"/>			APPLICANT'S HOME EMAIL ADDRESS <input type="checkbox"/>		
EMPLOYMENT STATUS Currently Employed		Retired		Year(s) of retirement _____	
SCHOOL DISTRICT NAME (Where currently employed or last school served, if retired)			SCHOOL BUILDING NAME		SCHOOL CODE
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 CERTIFICATIONS HELD					

Are you affiliated with and active in a career and technical student organization? Yes No

If yes, which one:

- Future Farmers of America (FFA)
- Future Business Leaders of America (FBLA)
- Family, Career and Community Leaders of America Inc. (FCCLA)
- DECA
- SkillsUSA
- Technology Student Association (TSA)
- Health Occupations Students of America (HOSA)

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966 email: civilrights@dese.mo.gov.

APPLICANT INFORMATION (continued)

Are you active on an advisory committee? Yes No Name of Committee _____

Are you a member of a professional organization? Yes No

If yes, which one

National Association for Career and Technical Education (ACTE)

Missouri Association for Career and Technical Education (MOACTE)

ACTE Division _____

Have you served in a professional organization? Yes No If yes, in what capacity? _____

ADDITIONAL INFORMATION

Why do you want to be a mentor?

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 and attending all required meetings.

SIGNATURE OF APPLICANT

DATE

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 and to communicate regularly with the protégé. Upon successful completion of the program, a stipend of \$_____ will be paid directly to the mentor through a professional services contract.

NAME OF ADMINISTRATOR MAKING COMMITMENT (Please print)

TITLE

SIGNATURE OF ADMINISTRATOR

DATE