



**MENTOR APPLICATION FOR PARTICIPATION IN CAREER EDUCATION MENTORING PROGRAM**

**INSTRUCTIONS**

Please return completed form to the  
 Coordinator of Career Education  
 P.O. Box 480, Jefferson City, Missouri 65102-0480; Phone: (573) 751-3500 • Fax: (573)526-4261

**APPLICANT INFORMATION to be completed by applicant**

LAST NAME		FIRST NAME		MIDDLE INITIAL	COUNTY-DISTRICT CODE
HOME STREET ADDRESS			CELL PHONE		HOME PHONE
CITY			STATE		ZIP
APPLICANT'S SCHOOL EMAIL ADDRESS			APPLICANT'S HOME EMAIL ADDRESS		
EMPLOYMENT STATUS		<input type="checkbox"/> Retired		Year(s) of retirement _____	
<input type="checkbox"/> Currently Employed					
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"/> Future Farmers of America (FFA)		<input type="checkbox"/> SkillsUSA			
<input type="checkbox"/> Future Business Leaders of America (FBLA)		<input type="checkbox"/> Technology Student Association (TSA)			
<input type="checkbox"/> Family, Career and Community Leaders of America Inc. (FCCLA)		<input type="checkbox"/> Health Occupations Students of America (HOSA)			
<input type="checkbox"/> Delta Epsilon Chi (DECA)					

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](mailto:civilrights@dese.mo.gov).

## APPLICANT INFORMATION to be completed by applicant (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