



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 at 573-751-3500

APPLICANT INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL	COUNTY-DISTRICT CODE
HOME STREET ADDRESS			CITY	STATE	ZIP
APPLICANT'S SCHOOL PHONE			APPLICANT'S CELL PHONE		
APPLICANT'S SCHOOL EMAIL ADDRESS			APPLICANT'S HOME EMAIL ADDRESS		
EMPLOYMENT STATUS	YEAR(S) OF RETIREMENT	SCHOOL DISTRICT NAME (WHERE CURRENTLY EMPLOYED OR LAST SCHOOL SERVED, IF RETIRED)			
☐ Currently Employed					
☐ Retired					
SCHOOL BUILDING NAME					SCHOOL CODE
TEACHING CONTENT AREA					
☐ Agricultural Education					
☐ Family and Consumer Sciences					
☐ Technology and Engineering Education					
☐ Business Education					
☐ Health Sciences Education					
☐ Cooperative Education					
☐ Marketing Education					
☐ Occupational Family and Consumer Sciences (<i>specify program area</i>) _____					
☐ 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, please indicate:					
☐ Future Farmers of America (FFA)					
☐ SkillsUSA					
☐ Future Business Leaders of America (FBLA)					
☐ Technology Student Association (TSA)					
☐ Family, Career and Community Leaders of America Inc. (FCCLA)					
☐ Health Occupations Students of America (HOSA)					
☐ DECA					

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute 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, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th 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, please indicate:

- ☐ 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
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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