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
☐ Business Education
☐ Cooperative Education
☐ Family and Consumer Sciences
☐ Health Sciences Education
☐ Marketing Education
☐ Technology and Engineering Education
☐ Occupational Family and Consumer Sciences *(specify program area)* _____
☐ Skilled Technical Sciences *(specify program area)* _____

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)
☐ 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)

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

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