



Mentor Application for Participation in Career Education Mentoring Program

PLEASE RETURN COMPLETED FORM TO THE COORDINATOR OF CAREER EDUCATION AT THE ABOVE ADDRESS.

TO BE COMPLETED BY APPLICANT

| | | | |
|--|--|-----------------------------------|--------------------------|
| NAME OF APPLICANT (Last, First, MI) | | *SOCIAL SECURITY NO. | |
| HOME STREET ADDRESS | | CELL PHONE NO. | HOME PHONE NO. |
| CITY | | STATE | ZIP CODE |
| APPLICANT'S SCHOOL E-MAIL ADDRESS | | HOME E-MAIL ADDRESS | |
| Currently Employed <input type="checkbox"/> | | Retired <input type="checkbox"/> | Year of Retirement _____ |
| 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"/> FFA <input type="checkbox"/> FBLA <input type="checkbox"/> FCCLA <input type="checkbox"/> DECA <input type="checkbox"/> SkillsUSA <input type="checkbox"/> TSA <input type="checkbox"/> HOSA Are you active on an advisory committee? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Committee _____ Are you a member of a professional organization: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> National ACTE <input type="checkbox"/> MoACTE <input type="checkbox"/> ACTE DIVISION _____ Have you served in a professional organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what capacity? _____ | | | |

ADDITIONAL INFORMATION

Why do you want to be a mentor?

Have you read and sent to MCCE the assurances from the *Mentor Resource and Certification Manual*, page 27? Yes No

List professional development activities (courses or workshops attended or presented in the last two years):

| ACTIVITY | DATE |
|----------|------|
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MENTOR COMMITMENT

By signing this application, I commit to actively participate in the mentoring program by communicating regularly with the protégé, attending all required meetings, and making a visit to the protégé's school or having the protégé visit my school.

SIGNATURE OF APPLICANT

DATE

* View the Social Security Disclosure Notice

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, make a visit to the protégé's school or have the protégé visit your school, and communicate regularly with the protégé. The cost of the applicant's substitute teacher for the required absences from school, up to a maximum of \$70 per day, will be reimbursed to the District.

NAME OF ADMINISTRATOR MAKING COMMITMENT (Please print)

TITLE

SIGNATURE OF ADMINISTRATOR

DATE

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age 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, Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 5th Floor, 205 Jefferson Street, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or Relay Missouri 800-735-2966.