



# Mentor Application

**PLEASE PRINT. COMPLETE ENTIRE FORM.**

Date:			
<b>I. Personal Information</b>			
First Name:		MI:	Last Name:
Mailing Address:			
City:		State:	Zip: County:
Home Phone:	Cell Phone:		Email:
<b>II. Employment Information</b>			
Employer:		Position:	
Mailing Address:			
City:		State:	Zip: County:
Phone:	Fax:		E-mail:
<b>III. Mentoring Information</b>			
Please List the counties that you are willing to mentor:			
1:		4:	
2:		5:	
3:		6:	

**Please answer the following questions on a separate sheet of paper:**

<b>IV. Questionnaire</b>
1. Why do you want to be a Mentor?
2. Have you participated in a mentoring relationship (formally or informally)?
a. What was good or not good about it?
b. How would you do it differently?
3. Please make any additional comments that you feel are relevant.

**Please submit the above answers and the following with your application:**

- Resume outlining your education and work experience relating to early childhood education and childcare.
- Two professional references from supervisors, peers, and/or instructors.

Submit application and attachments to:

**Sherrie Myers, ACDS State Coordinator**  
**611 7<sup>th</sup> Avenue Suite 208**  
**Huntington, WV 25701**  
**Email: [smyers@rvcds.org](mailto:smyers@rvcds.org)**

Office Use Only	Date	Initials
Scanned		
Entered		