



Mentor Information

PLEASE PRINT. COMPLETE ENTIRE FORM.

Date:			
I. Personal Information			
SSN: XXX-X _ - _ _ _ _		Date of Birth:	Maiden Name:
First Name:		MI:	Last Name:
Mailing Address:			
City:		State:	Zip: County:
Home Phone:		Cell Phone:	E-mail:
II. Mentoring Information			
Please list the counties you are willing to mentor:			
1:	2:	3:	4: 5: 6:
III. Employment Information			
Current Employer:			
Mailing Address:			
City:		State:	Zip: County:
Phone:		Fax:	E-mail:
Job Title (<i>choose one</i>):			
Teacher	Lead Teacher	Family Provider	Substitute Teacher
Teacher's Aide/Assistant	Co-Teacher	Director	Substitute Aide
Home Visitor	College Professor	Trainer	Other
Years of paid experience in Early Childhood:			
1 – 5	6 – 10	11+	
Work Site (<i>Choose the one that best fits your program</i>):			
Family Provider	Head Start	Public School	Facility
Child Care Center	Pre-K	Private Preschool	Higher Education
Ages of children/adults you work with:			
Infants/Toddlers	Preschool	School-Age	High School or above
I. Educational Information			
Are you registered on the WV STARS Career Pathway?		What Level?	STARS #:
Highest degree you have obtained:		Associates	Bachelor's Master's Doctorate
Are you an ACDS Journeyperson?		Yes	No
V. Other Information			
Gender:	Age:		Ethnicity: (<i>Mark One</i>)
Male	18 - 25	36 - 45	Hispanic/Latino
Female	26 - 35	46+	Not Hispanic/Latino
		Race: (<i>Mark One or More</i>)	
		American Indian or Alaskan Native	Asian
		Black/African American	White
		Native Hawaiian or Pacific Islander	

Suggestions:

Submit completed form to:
 Sherrie Myers, ACDS State Coordinator
 611 7th Avenue Suite 208
 Huntington, WV 25701

Office Use Only	Date	Initials
Scanned		
Entered		