



Mentor Service Agreement

PLEASE PRINT. COMPLETE ENTIRE FORM.

SSN: XXX-X_ - _ _ _ _	Date of Birth:	Maiden Name:		
First Name:	MI:	Last Name:		
Mailing Address:				
City:	State:	Zip:	County:	
Home Phone:	Cell Phone:	Email:		
Work Phone:				

This service agreement is made and entered into this ____ day of _____, 20__ by and between the Apprenticeship for Child Development Specialist Program (ACDS) administered through River Valley Child Development Services (RVCDS) and _____, an ACDS Certified Mentor, for mentoring services.

I agree to mentor _____, an apprentice/mentee for a term of one year for a maximum stipend of **\$400.00** per year. This service requires the mentor to visit face-to-face in the work setting, or another mutually agreed upon location, a minimum of **two hours per month** for the duration of this service agreement. In addition, I agree to attend a mentoring update every other year.

I have read and understand the policies and procedures in the Mentoring Policy Manual. I understand that these must be followed in order to receive payment.

If all stipulations of this service agreement are not fully met by the ACDS Certified Mentor, the ACDS State Coordinator has the right to terminate this service agreement.

Mentor Signature Date

Print Name

State Coordinator Signature Date

Send original to:

Sherrie Myers, ACDS State Coordinator
611 Seventh Avenue, Suite 208
Huntington, WV 25701

Office Use Only	Date	Initials
Scanned		
Entered		