



Mentee 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. Employment Information					
Work Site:					
Mailing Address:					
City:		State:	Zip:	County:	
Phone:		Fax:		E-mail:	
How Long in This Position:			Hours Worked Per Week:		
Work Site <i>(Choose the one that best fits your program):</i>			Ages of children you work with <i>(Check all that apply):</i>		
Family Provider		Facility		Infants/Toddlers	Preschool
Center Director		Other		<i>(Birth – 2)</i>	<i>(3 – 4)</i>
				School Age	
				<i>(5 +)</i>	
Directions to work site:					
III. Educational Information					
Are you registered on the WV STARS Career Pathway?			What Level?	STARS #:	
Highest education level you have obtained:					
High School/GED		Jr/Business College		Some College Credit	
Bachelor's Degree		CDA		Vocational Classes	
Associate's Degree		Other			
IV. ACDS Information					
Date began ACDS:					
Current Semester:	First	Second	Third	Fourth	Graduate
Class Information:					
County:		Day of Class:		Time of Class:	
City:		Building/Room:			

MENTEE COMMITMENT AGREEMENT:

As an apprentice in the Apprenticeship for Child Development Specialist Program, I agree to attend instruction and complete the course work. I agree to be mentored, which includes visits to my home/facility/center/other, a minimum of two hours once a month and to keep the mentor and instructor informed of any changes in schedule and/or concerns.

Mentee Signature

Date Signed

Maintain a copy for mentor file, a copy for mentee file, and send original to:

Sherrie Myers, ACDS State Coordinator
611 7th Avenue Suite 208
Huntington, WV 25701

Office Use Only	Date	Initials
Entered		
Scanned		

IF YOU ARE A FAMILY PROVIDER PLEASE COMPLETE REVERSE SIDE

FOR FAMILY PROVIDERS ONLY

Please indicate which requirements you meet:

I consistently have at least four children enrolled in my Family Childcare Program

I am registered with my local Child Care Resource and Referral Program (CCR&R)

Please provide the following information (use additional sheets if necessary):

My typical day looks like:

(include the time the first child arrives, when food is served, naptimes, activities, time the last child leaves)

I decided to become a family childcare provider because:

Please list the children (first name only) in your home:

Child	Birthdate	Child	Birthdate
1.		5.	
2.		6.	
3.		7.	
4.		8.	