

**PUTNAM COUNTY SCHOOLS**

Mentoring Program Application

|  |   |             |
|--|---|-------------|
| First Name:  |   |             |
| Last Name:   |   |             |
| Address:   |   |             |
|  | City:                                     | State: Zip: |
| Email Address:   |   |             |
| Phone Numbers:   | Home: ( )                                 | Cell: ( )   |
|  | Work : ( )                                |             |
| Your Gender:   | ___ Female ___ Male                       |             |
| Languages (other than English):  |   |             |
|  |   |             |
| School Name:   |   |             |
| School Address:  |   |             |
| Your Certification(s) including National Board Certification if applicable:  |   |             |
|  |   |             |
| Your Primary Job:  |   |             |
| Primary Content Area You Teach:  |   |             |
| Grade Level Preference:  | ___ Any ___ PreK - 4 ___ 5 - 8 ___ 9 - 12 |             |
|  |   |             |
| Have you ever been a mentor in any other school system?  | If yes, where and how long?               |             |
|  |   |             |
|  |   |             |
| How have you demonstrated leadership in the past five years? (School/district committees or other roles)   |   |             |
|  |   |             |
|  |   |             |
| Have you completed any coursework or special training (Harry Wong, Differentiated Instruction, Framework for Evaluation, Leadership Academy, Quantum Learning etc.) that might make you a more effective mentor? |   |             |
|  |   |             |
|  |   |             |
| Why would you like to serve as a mentor?   |   |             |
|  |   |             |
|  |   |             |
|  |   |             |
|  |   |             |
|  |   |             |
| What are your hobbies and interests?   |   |             |
|  |   |             |
|  |   |             |
| Applicant Signature:   |   | Date:       |
| Principal's Signature:   |   | Date:       |
|  |   |             |
| Principal's Recommendation: (Please check one.)  |   |             |
| <input type="checkbox"/> Recommended without reservations  |   |             |
| <input type="checkbox"/> Recommended with reservations (Please comment on back of form)  |   |             |
| <input type="checkbox"/> Not Recommended (Please comment on back of form)  |   |             |