



# Mentee Information

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK.

Date:				
<b>I. Personal Information</b>				
SSN (last five digits): XXX-X__ - ____		Date of Birth (mm/dd/yyyy): __/__/____		Maiden Name:
First Name:		MI:	Last Name:	
Mailing Address:				
City:		State:	Zip:	County:
Home Phone:		Cell Phone:		E-mail:
<b>II. Employment Information</b>				
Work Site:				
Mailing Address:				
City:		State:	Zip:	County:
Phone:		Fax:		E-mail:
How Long in This Position:			Hours Worked Per Week:	
Work Site (Choose the <b>one</b> that best fits your program): <input type="checkbox"/> Family Provider <input type="checkbox"/> Facility <input type="checkbox"/> Center Director <input type="checkbox"/> Center Owner			Ages of children you work with (Check all that apply): <input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschool <input type="checkbox"/> School Age (Birth – 36 months)      (36 months - Pre-K)      (K+)	
Directions to work site:				
<b>IV. ACDS Information</b>				
Date began ACDS:				
Current Semester (please circle one):	First	Second	Third	Fourth
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. As a family provider I understand that I must maintain a minimum enrollment of four children and remain a registered provider through my local Child Care Resource and Referral Agency (CCR&R).*

\_\_\_\_\_  
Mentee Signature

\_\_\_\_\_  
Date Signed

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

ACDS Statewide Coordinator  
611 7<sup>th</sup> Avenue Suite 208  
Huntington, WV 25701