



Mentor Service Agreement

This service agreement is made by and between the Apprenticeship for Child Development Specialist Program (ACDS) administered through West Virginia Early Childhood Training Connections and Resources (WVECTCR) a program of River Valley Child Development Services (RVCDS) and _____ for mentoring _____.

mentor mentee

I. Position - Duties

The individual named in this service agreement will be known as an ACDS mentor and will report to the ACDS program staff for any and all service agreement purposes. The duties and responsibilities of the mentor are described in the ACDS mentor job description and the ACDS policy and procedure manual. Mentors are expected to follow all responsibilities within those documents, which include the following:

- Meet in person with mentee a minimum of two hours a month, for a minimum of 12 hours a semester
- Submit all required documentation on or before deadline date
- Discuss topics and concerns relevant to the mentee and ACDS curriculum to further understanding
- Conduct behavior in a professional and ethical manner in adherence to the NAEYC Code of Ethical Conduct

II. Duration

This service agreement will begin on _____ and shall terminate on _____.

Fall/spring & year December 31 or June 30 & year

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

III. Compensation

The ACDS mentor shall be compensated at the sum of \$200.00 per semester and is further subject to the receipt of required documentation as outlined in the ACDS Mentor Policy and Procedures. Mentors will also receive compensation in the form of mileage reimbursement and \$10.00 for one monthly visit. 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. Deadlines for submission of all required documents are January 15 for the fall semester and June 15 for the spring semester. Submission of required documentation after the deadline dates will likely result in nonpayment.

SSN: XXX-X (last five digits) _ - _ _ _	Date of Birth (mm/dd/yyyy) _ _ / _ _ / _ _ _ _	Maiden Name:	
First Name:	MI:	Last Name:	
Mailing Address:			
City:	State:	Zip:	County:
Home Phone:	Cell Phone:	Email:	
Work Phone:			

By signing below, I acknowledge that I agree to all terms of this service agreement, including maintaining confidentiality regarding mentee information and discussions.

ACDS Mentor Signature	Date
ACDS Statewide Coordinator Signature	Date
WVECTCR Assistant Statewide Director Signature	Date

This program is being presented with financial assistance as a grant from the West Virginia Department of Health and Human Resources and is administered by West Virginia Early Childhood Training Connections and Resources, a program of River Valley Child Development Services.

Grantee shall not endorse or support any candidate running for partisan political office. No federal or state funds under this Grant Agreement shall be expended to support any legislative lobbying efforts of Grantee related to specific legislation. Grantee shall certify that no federal appropriated funds have been paid or will be paid, by or on behalf of the Grantee or an employee thereof, to any person for purposes of influencing or attempting to influence an officer or employee of any federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan, or cooperative agreement.

If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee or any agency, a Member of Congress, an officer or employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, Grantee shall immediately complete and submit a disclosure form to report lobbying.

The authorized official signing certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that if he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees to comply with all terms and conditions of the agreement.

Submit to:
ACDS Statewide Coordinator
611 7th Avenue Suite 208
Huntington, WV 25701
Fax: 304-697-6613
Email: wvacds@rvcds.org



For Office Use Only:
____ Mentor Application
____ Mentor Job Description
____ Mentee Contact Forms