



Apprenticeship for Child Development Specialist

Mentor Application

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK.

Date:			
I. Personal Information			
First Name:		MI:	Last Name:
Mailing Address:			
City:		State:	Zip: County:
Home Phone:	Cell Phone:		Email:
II. Employment Information			
Employer:		Position:	
Mailing Address:			
City:		State:	Zip: County:
Phone:	Fax:		E-mail:
III. Mentoring Information			
Please list the counties that you are willing to mentor in:			
1: _____	4: _____		
2: _____	5: _____		
3: _____	6: _____		
IV. Questionnaire (please type responses on separate paper)			
1. Why do you want to be an ACDS Mentor?			
2. What do you think it means to be an ACDS Mentor?			
3. Do you have professional experience as a mentor or coach?			
4. How much time do you have to devote to mentoring?			

Please include the following documents with your application:

- Resume
- Two professional references

Submit application and attachments to:

ACDS Project Manager
 611 7th Avenue
 Huntington, WV 25701
 Email: wvacds@rvcds.org



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