

SSN: XXX-X (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:	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

WV ECTCR Representative Signature

Date

RV CDS Representative Signature

Date

WV ECTCR Funding Information - TCR-ECE is supported by federal funding passed through the West Virginia Department of Human Services: Federal award amount: \$4,727,547 (99.9% of program budget) State award amount: \$5,122 (0.1%). TCR-OMCFH is supported by state funding through the West Virginia Department of Health. TCR-HV is supported by federal funding passed through the West Virginia Department of Health: Federal award amount: \$225,000 (100% of program budget) State award amount: \$0 (0%).

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



Office Use Only ____ Mentor Job Description
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