



Apprenticeship for Child Development Specialist  
**Instructor and Mentor Registration**

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ONLY

|   |  |   |
|---|--|---|
| Date:   | Registering as: <input type="checkbox"/> Mentor                        | <input type="checkbox"/> Instructor                               |
| <b>I. Personal Information (required)</b>   |  |   |
| SSN (Last 5 digits) XXX-X<br>_ _ - _ _ - _ _  | Date of Birth (MM/DD/YYYY):<br>_ _ / _ _ / _ _                         | Maiden Name:  |
| First Name:   | MI:  | Last Name:  |
| Mailing Address:  |  |   |
| City:   | State:   | Zip:      County:   |
| Primary Phone:  | Accept Texts: <input type="checkbox"/> Yes <input type="checkbox"/> No | E-mail:   |
| <b>II. Employment Information (required)</b>  |  |   |
| Current Employer:   |  |   |
| Mailing Address:  |  |   |
| City:   | State:   | Zip:      County:   |
| Phone:  | Fax:   | E-mail:   |
| Job Title (choose <b>one</b> ):   |  |   |
| <b>Teacher</b><br>(Lead teacher, Co-teacher, Head teacher)                              | <b>Administrator</b><br>(Director, Assistant Director, Owner)          | <b>Family Child Care/Facility Provider</b>                        |
| <b>Assistant Teacher</b><br>(Teacher Aide/Assistant)                                    | <b>Adult Educator</b><br>(Professor, Trainer, Extension)               | <b>Substitute</b><br>(Teacher, Aide, Assistant)                   |
| <b>Home Visitor</b>   | <b>Other</b>   |   |
| Years of paid experience in early childhood to date:                                    |  |   |
| <input type="checkbox"/> 1 – 5  | <input type="checkbox"/> 6 – 10  | <input type="checkbox"/> 11+                                      |
| Work Site (Choose the <b>one</b> that best fits your program):                          |  |   |
| Family Provider   | Head Start   | Public School   |
| Child Care Center   | Pre-K  | Private Preschool   |
|   |  | Facility<br>Higher Education                                      |
| Ages of children/adults you work with (check one or more):                              |  |   |
| <input type="checkbox"/> Infants/Toddlers   | <input type="checkbox"/> Preschool                                     | <input type="checkbox"/> School-Age                               |
|   |  | <input type="checkbox"/> High School or above                     |
| <b>III. Educational Information (required)</b>  |  |   |
| Are you registered on the WV STARS Career Pathway?                                      | What Level?  | STARS #:  |
| Highest degree you have obtained <input type="checkbox"/> Bachelor's Degree             | <input type="checkbox"/> Master's Degree                               | <input type="checkbox"/> Doctorate                                |
| Are you an ACDS Journey person <input type="checkbox"/> Yes <input type="checkbox"/> No |  |   |
| <b>IV. ACDS Information (required as applicable)</b>                                    |  |   |
| Year completed ACDS Instructor or Mentor Training:                                      | Last Semester Taught or Mentored                                       | Fall _____ Spring _____<br>year                              year |
| Semesters taught (check one or more):   |  |   |
| <input type="checkbox"/> First  | <input type="checkbox"/> Second  | <input type="checkbox"/> Third                                    |
|   |  | <input type="checkbox"/> Fourth                                   |
| Counties in which you are willing to instruct or mentor:                                |  |   |
| 1.  | 2.   | 3.  |
|   |  | 4.  |
| <b>V. Other Information (optional)</b>  |  |   |
| Race (Check One or More):   |  |   |
| <input type="checkbox"/> American Indian or Alaskan Native                              | <input type="checkbox"/> Native Hawaiian or Pacific Islander           | <input type="checkbox"/> Asian                                    |
| <input type="checkbox"/> Black/African American   | <input type="checkbox"/> Hispanic or Latino                            | <input type="checkbox"/> White                                    |

*I understand that information provided on this registration may be used for group data reports and aid community and state planning to increase the quality and services of the early care and education community.*

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Instructor/Mentor Signature

Date

Submit completed form to:  
ACDS Statewide Project Manager  
611 7<sup>th</sup> Avenue Suite 208  
Huntington, WV 25701  
Fax: 304-697-6613  
Email: wvacds@rvcds.org



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