Durham Early Childhood Educator Associate Degree Apprenticeship Program
Mentor Application

Please type your application. Please submit your completed application and a copy of your resume to
maggiew@childcareservices.org

1. PERSONAL INFORMATION

Name _____ Preferred Name _____

Address _____

City, State, Zip _____

County _____

Phone Number _____

Email _____

Date of Birth ___(mm/dd/yyyy)_____

Gender (Optional) _____

Race & Ethnicity (Optional)
Do you consider yourself to be Hispanic or Latinx/Latine?   ☐ Yes   ☐ No

Do you consider yourself to be (check all that apply):

☐ American Indian or Alaska Native   ☐ Native Hawaiian or Pacific Islander
☐ Asian   ☐ White
☐ Black or African American   ☐ Other: _____

Please check the box indicating what language(s) you speak fluently (please check all that apply)

☐ Arabic	☐ Japanese	☐ Swahili
☐ Armenian	☐ Korean	☐ Tagalog
☐ Chinese: _____	☐ Lao	☐ Thai
☐ Creole	☐ Persian	☐ Tribal: _____
☐ English	☐ Polish	☐ Urdu
☐ French	☐ Portuguese	☐ Vietnamese
☐ Greek	☐ Russian	☐ Yiddish
☐ Hindi	☐ Spanish	☐ Other: _____

How did you hear about the apprenticeship program?

☐ Presentation	☐ Coworker	☐ Email/website
☐ Flyer	☐ Employer	☐ Other: _____

2. EDUCATION INFORMATION

Please complete the following information about your educational history, indicating all degrees you have received and your areas of study.

☐ Associate Degree   Major: _____   College: _____

☐ Bachelor's Degree   Major: _____   College: _____

☐ Master's Degree   Major: _____   College: _____

☐ Doctorate   Major: _____   College: _____

Do you have a Birth-Kindergarten License?   ☐Yes   ☐No

Do you have any other type of license? If so, describe: _____

Do you have a desktop computer/laptop/tablet?   ☐Yes   ☐No

Do you have internet access?   ☐Yes   ☐No

3. CURRENT EMPLOYMENT & CAREER HISTORY

Current Employment

Current Employer: _____

Job Title: _____

Status: ☐ Full-Time   ☐ Part-Time

If you are currently working in a classroom position, what age group(s) are you working with?

☐ Infants (0-12 Months)   ☐ Preschool (37 Months – PreK)

☐ Toddler (13-36 Months)   ☐ School Age

How long have you worked in the early childhood field? _____

Career History

For each of the following positions and age groups in early childhood, please input the length of time you have held each type of position or worked with each age group:

Position	Length of time
Instructional/ Teacher Assistant	
Lead Teacher	
Assistant Director	
Director	

Age Groups	Length of time
Infant (0-12 months)	
Toddler (13-36 months)	
Preschool (37 months – PreK)	
School Age	
Program Support/Floater	

4. APPLICANT INTEREST & GOALS

Why are you interested in serving as a mentor to newer professionals in early childhood education?

Do you have any prior experience mentoring, coaching, or supervising others? If so, please describe. What did you find most challenging and what did you find most rewarding?

What type of training or support would you be most interested in receiving to support you professionally as a mentor?

While supporting the professional growth of apprentices in the program, we also aim to support the career and professional goals of participating mentors. What are some of your professional or career goals?

5. REFERENCES

Please list 3 professional references, the first being your current Director if working in child care.

Reference 1:
If you are currently working in a child care center, please list your director here. If you are a director, please list someone who reports to you.

Name _____
Phone _____
Email address _____
Job Title _____
Relationship _____

Reference 2:

Name _____
Phone _____
Email address _____
Job Title _____
Relationship _____

Reference 3:

Name _____
Phone _____
Email address _____
Job Title _____
Relationship _____

6. STATEMENT AND SIGNATURE OF APPLICANT

I, _____(applicant's name), attest that the information provided on this application and the supporting documentation is true to the best of my knowledge. I understand that falsifying application information or documentation or the failure to comply with documentation requirements may result in the inability to be a participant on this program. I understand that applying to serve as a mentor does not guarantee selection as a mentor. If selected, a copy of the applicant's Form W-9 and Social Security Card will be required for tax and identification validation purposes, along with a criminal background check authorization.

_____   _____

Signature of Applicant   Date
(You may electronically sign with your full name and date of birth)