

Kamloops Thompson Teachers' Association
Mentorship Program
Mentor Application



Date of Application: _____

Name: _____

E-mail: _____

School: _____

Phone Contact: _____

Grade(s)/Subjects Currently Assigned: _____

Number of Years in the District: _____

Number of Years Teaching: _____

In point form summarize the reasons why you would want to be a Mentor to a new teacher(s) within our District:

What areas of teaching and learning would you be interested in mentoring?
(Examples: rural schools, TTOCs, first nations communities, subject specific areas/grade levels)



What experiences have you had in mentoring, collaboration, or leadership?
(Informal or Formal)

What strengths can you bring to building an effective mentoring relationship?

Please provide a reference to support this application:

Name	
Position	
Contact Info	

If you have been approached by a potential Mentee to be their Mentor, please identify their name and school location.

1. Name: _____ School: _____

Kamloops Thompson Teachers' Association
#202-1157 12th Street
Kamloops, BC V2B 7L2

