

**Kamloops Thompson Teachers' Association  
Mentorship Program  
Mentee 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:** \_\_\_\_\_

**Length of Time in Current Assignment:** \_\_\_\_\_

**In point form:**

**Summarize the reasons why you would like to work with a Mentor within our district/local.**

**What areas of teaching and learning would you most like to receive assistance with this year?**



**What attributes will you bring to building an effective mentoring relationship?**

**What experiences have you had with professional collaborations? (Examples: previous mentoring experiences, learning teams, learning groups, or inquiry projects)**

**If you choose, provide the name and school of a possible Mentor that you would like to work with:**

**1 Name: \_\_\_\_\_ School: \_\_\_\_\_**

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