

**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, ITOCs, 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**

