MENTOR

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 SD73: _____

Number of Years Teaching: _____

Length of Time in Current Assignment: _____

In point form, summarize the reasons why you would like to work with a Mentee in our district/local.

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

What attributes will you contribute to building an effective mentoring relationship?

What experiences (formal or informal) have you had in mentoring, collaboration, or leadership? (Examples: previous mentoring experiences, learning teams/groups, inquiry projects, etc.)

Please provide a reference to support this application.

Name:	
Position:	
Contact Info:	

If you have already been approached by a potential Mentee to work as their Mentor, please provide their information below.

Name:	
School:	

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

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