

Mentor Teacher Application
Somerset County Public Schools

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Thank you for your interest in mentoring a teacher new to Somerset County schools. A mentor makes a commitment to: 1) participate in training sessions with other future mentors, and 2) establish a one-on-one relationship with a mentee teacher, and other future mentors by meeting regularly to share time, confidentiality, professional experiences, a positive attitude, and friendship, for two years. Additional information may be written on the back of this form.  
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DATE _____

NAME _____

HOME ADDRESS _____

HOME PHONE (____) _____ WORK PHONE :(____) _____

SCHOOL _____

TITLE/SUBJECT _____

MENTEE AGE PREFERENCE (check) 21-30 ___ 31-40 ___ 41+ ___ no preference ___

SPECIAL INTERESTS, SKILLS _____

HOBBIES _____

PREVIOUS MENTOR EXPERIENCES _____

YOUR REASONS FOR PARTICIPATING IN THE MENTORING PROGRAM: _____


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**MENTOR CONTRACT**

1. I WILL PARTICIPATE IN ALL TRAINING SESSIONS.
2. I WILL SERVE AS A MENTOR FOR TWO YEARS.
3. I WILL MAKE CONTACT WITH MY MENTEE, FACE TO FACE, AT LEAST WEEKLY.
4. I WILL COMMIT TO MAINTAIN A RESPECTFUL, RESOURCEFUL, AND CONFIDENTIAL RELATIONSHIP WITH MY MENTEE.
5. IN NECESSARY CIRCUMSTANCES, I WILL SERVE AS AN HONEST ADVOCATE FOR MY MENTEE.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Thank you for your interest in helping to improve the efficacy and retention of beginning teachers in Somerset County by serving as a mentor teacher.

**Please return this completed form to Mr. Leo Lawson, Somerset County Board of Education**