

Port Jervis City School District
Mentor-Intern Program
Mentor Application
School Year 2009- 2010

If you are interested in being considered to serve as a Mentor, please complete this application and return it to your building administrator. Please print or type information.

Name: _____

Building: _____

Subject/Grade: _____

Home Address: _____

Home Phone: _____ Email Address: _____

Number of Years Teaching (including current year): _____

Grades(s) Taught: _____

Subject(s) Taught: _____

Permanent Certification: (circle one) YES NO

Certification Areas: _____

Tenure Areas: _____

Briefly describe any qualifications/personal attributes you possess that you feel enhance your role as a Mentor (i.e. teaching strengths, areas of expertise, recent coursework, past teaching experiences, membership in professional organizations, professional honors, etc.)
