



# Application to Become a Mentor

## CONTACT/PERSONAL INFORMATION

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Personal Phone #: \_\_\_\_\_ Best day and time to reach you: \_\_\_\_\_

Email address: \_\_\_\_\_

List all of the languages you are fluent in:

Speaking: \_\_\_\_\_

Writing: \_\_\_\_\_

What is your California Registry Number? \_\_\_\_\_

## WORK INFORMATION

Name of your current work site: \_\_\_\_\_

Work address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Work phone #: \_\_\_\_\_ Job title: \_\_\_\_\_

How long have you worked at this site? Years \_\_\_\_\_ Months \_\_\_\_\_ Ages you serve: \_\_\_\_\_

How long have you been employed in a paid position in Early Care and Education? Years \_\_\_\_\_ Months \_\_\_\_\_

What is the highest permit level you have attained? ☐ Asst. ☐ Associate ☐ Teacher ☐ Master Teacher

☐ Site Supervisor ☐ Program Director

☐ I don't have a permit. I have \_\_\_\_\_ units in Early Care and Education.

## PROGRAM INFORMATION

Department of Social Services License #: \_\_\_\_\_ Tribal License #: \_\_\_\_\_

Exempt: \_\_\_\_\_ Effective Date: \_\_\_\_\_

License Type: ☐ Center ☐ Family Child Care

Licensed Capacity by age: Infant: \_\_\_\_\_ Toddler: \_\_\_\_\_ Preschool: \_\_\_\_\_ School-age: \_\_\_\_\_

Check all that apply: ☐ Title 5 Contract ☐ State Preschool ☐ Early Care and Education Center

☐ Migrant ☐ Family Child Care ☐ Other: \_\_\_\_\_

If License Exempt, please explain why: \_\_\_\_\_

Does your program (site) participate in a Quality Rating Improvement System (QRIS) ☐ Yes ☐ No

If yes, has your program (site) been rated yet? ) ☐ Yes ☐ No If yes, what is your rating tier (1-5): \_\_\_\_\_

Was your classroom rated? ☐ Yes ☐ No

If yes, what was your overall environmental rating score \_\_\_\_\_ Date of most recent rating: \_\_\_\_\_

Is your program Accredited? ☐ Yes ☐ No

If yes, please name the accreditation type \_\_\_\_\_ When does the accreditation expire? \_\_\_\_\_

If neither, how are you continually evaluating your program's quality?

#### RETIRED/ROAMING MENTOR TEACHERS

Retired/Roaming Mentor Teachers: How long has it been since you retired from ECE? Years \_\_\_\_\_ Months \_\_\_\_\_

Had you previously been certified under the California Early Childhood Mentor Program (CECMP)? ☐ Yes ☐ No

If so, has it been longer than 5 years? ☐ Yes ☐ No

#### SUPERVISOR'S AGREEMENT FOR AGENCY TO PARTICIPATE IN THE CALIFORNIA EARLY CHILDHOOD MENTOR PROGRAM

I agree to support the application of this candidate for selection as a mentor, with the full understanding that such application will involve a formal outside assessment of the teacher's classroom using the appropriate Environmental Rating Scale (ECERS / ITERS / FCCERS / SACERS), 3rd Version, or the most recent version. Following CECMP policies and procedures teachers designated as Mentors will earn a stipend for the mentoring of students and/or those in the workforce. Alternative assessment may be introduced at the direction of the California Department of Social Services or the CECMP State Office.

Should this candidate be selected, I agree to support the Mentor in the performance of their duties. Specifically, I agree to:

1. Allow the Mentor to provide mentoring support to mentee in the Mentor's classroom.
2. Provide additional opportunities for mentoring support and opportunities for reflection between the mentee and Mentor.
3. Maintain the Mentor's same classroom assignment for the duration of a mentee's placement.
4. Allow the College's CECMP Coordinator to make drop-in visits to the Mentor's classroom.

☐ I am the owner of a Family Child Care Business

☐ I am a Retired/Roaming Mentor Teacher

*\*If you check any of the above boxes, disregard the Supervisor Agreement.*

Supervisor Name: \_\_\_\_\_ Supervisor Title: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MENTOR QUALIFICATIONS

Please review all of the below various qualifiers to become a mentor teacher. Complete the areas that apply to you. Applicants are not required to meet all of the below.

1. Completion of a College degree, or certificate in Early Childhood Education

☐ Yes, I have completed a(n): AA AS BA BS Certificate (*circle all that apply*)

College or University: \_\_\_\_\_ Major: \_\_\_\_\_ Date received: \_\_\_\_\_  
If not applicable, please see below.

☐ I have a BA/BS in another major, and 24 units of early child education.

College or University: \_\_\_\_\_ Major: \_\_\_\_\_ Date received: \_\_\_\_\_

2. Completion of an Adult Supervision/Mentor Teacher Course

☐ Yes, I have completed a 2-unit (minimum) Adult Supervision/Mentor Teacher Course.

Course Name/Number: \_\_\_\_\_ College: \_\_\_\_\_ Completion Date: \_\_\_\_\_

☐ No, I have not completed at least a 2-unit Adult Supervision/Mentor Teacher course.  
*I understand that by checking this box that if I meet all other qualifications I will be required to complete an Adult Supervision/Mentor Teacher course within one year of my certification date.*

3. Completion of a Practicum/Student Teaching/Supervised Field Experience Course

☐ Yes, I have completed a Practicum/Student Teaching/Supervised Field Experience course. Regardless of the course title, the requirement is a course with supervised student teaching in an Early Childhood setting.

Course Name/Number: \_\_\_\_\_ College: \_\_\_\_\_ Completion Date: \_\_\_\_\_

☐ No, I have not completed Practicum/Student Teaching/Supervised Field Experience course.  
*I understand that by checking this box that I may be conditionally accepted as a Mentor with the understanding that a "Retired/Roaming Mentor" will need to come to my site and support me to complete a Supervised Field Experience course within one year of my certification date. Additionally, I must document that I have had 5 years of teaching experience in an early education program.*

4. Child Development Permit - Master Teacher Level

Mentor applicants must be eligible for the Master Teacher Level, or higher (Site Supervisor or Program Director.) This includes completion of all courses required for the Master Teacher Permit of the California Commission on Teacher Credentialing Child Development Permit. In cases where the applicant does not currently hold a Permit at this level, the Local or Regional Mentor Coordinator must determine eligibility based on documentation supplied by the applicant.

☐ Yes, I currently hold a Child Development Permit (Master Teacher Level or higher) and a copy of my Permit is attached.

Permit Level: \_\_\_\_\_ Permit Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

☐ No, I do not currently hold a Child Development Permit (Master Teacher Level or higher). However, I am eligible for the Permit because I have completed a BA or BS degree which includes at least 12 units in ECE/CD and Master Teacher ECE coursework. I have enclosed transcripts (official or unofficial) which demonstrate all of the above.

☐ No, I do not currently hold a Child Development Permit (Master Teacher Level or higher). However, I am eligible for the Permit because I have completed at least 24 units in ECE/CD plus 16 units in General Education plus 6 specialization units (ex. Two 3-unit infant/toddler course, etc.). I have enclosed transcripts (official or unofficial) which demonstrate all of the above.

## SPECIALIZATION

Please indicate your area of Specialization and indicate which courses fulfill the 6-unit requirement. Some examples of areas of specialization may include, but is not limited to the following:

- Infant and toddler care
- Bilingual and bicultural development
- Children with exceptional needs
- Preschool programming
- Parent/teacher relations
- Child health
- Specific areas of developmentally appropriate curriculum

\*If you need assistance determining your specialization, please contact the Coordinator.

Specialization: \_\_\_\_\_

Course Name/Number: \_\_\_\_\_ College: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Course Name/Number: \_\_\_\_\_ College: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Course Name/Number: \_\_\_\_\_ College: \_\_\_\_\_ Completion Date: \_\_\_\_\_

## APPLICANT REQUIREMENTS

### PROGRAM TYPE

Please check the ONE which best describes your program:

- ☐ Programs subsidized in full or in part by funds administered by the Child Development Division, California Department of Education. Funding sources include the State Preschool Program, Alternative Payments, General Child Development Program, Federal Child Care and Development Block Grant, and Title IV-A At Risk funds.
- ☐ Head Start Programs and other programs serving income-eligible children.
- ☐ Programs serving children in their primary language, other than English
- ☐ Tribal Child Care Program
- ☐ Programs which demonstrate expertise in a particular area of local need (infants and toddlers, children with varying abilities, etc.)
- ☐ Programs willing and able to serve low-income children subsidized by funds administered by CDD through Alternative Payments.
- ☐ Programs representative of the region's diversity of program type (school-age, infant and toddler, High Scope, Montessori, family child care, etc.).

## REFERENCES

(1) Submit two letters of recommendation from early childhood professionals who can attest to the quality of your teaching and classroom teaching skills. Request specific details about your style and methods of teaching, how you maintain a safe and positive learning environment, the kind and quality of your communication with children, coworkers, and parents, and supervisory experience with staff, substitutes, or parents. Letters of reference must be current. Retired/Roaming Mentors letters must be from within the last three years.

OR

(1) Submit one letter of recommendation from Early Childhood professionals who can attest to the quality of your teaching and classroom teaching skills. Request specific details about your style and methods of teaching, how you maintain a safe and positive learning environment, the kind and quality of your communication with children, coworkers, and parents, and supervisory experience with staff, substitutes, or parents. Letters of reference must be current. Retired/Roaming Mentors letters must be from within the last three years.

(2) Submit one letter of recommendation from a parent/guardian whose child was in your classroom within the last two years who can provide specific information about your teaching methods and supervision skills you demonstrate. Letters of reference must be current. Retired/Roaming Mentors letter must be from within the last three years.

## PERSONAL STATEMENTS

**Statement 1.** Indicate briefly why you wish to be designated as an Early Childhood Mentor and why you think you may be successful in this role. Please discuss unique experiences, education, and background which would make you especially supportive as a Mentor (fluency in multiple languages, special training, etc.). Also, please include ongoing professional development activities you have engaged in, such as conferences, presentations, research/writing, etc. in the last year. (Attach additional pages if necessary.)

**Statement 2:** Briefly describe your philosophy about (a) working with young children and their families; and (b) how young children learn and develop. (Attach additional pages if necessary.)

**Statement 3.** Briefly describe (a) your program's philosophy, (b) the number of children in your classroom, (c) the ages of the children in your classroom and (d) schedule and staffing assignments in your classroom. (Attach additional pages if necessary.)

**Statement 4.** Please describe what diversity, equity and inclusion means to you. (Attach additional pages if necessary.)

## WORK EXPERIENCE

A résumé may be substituted for the following section IF it includes all requested information:

List your previous work experience in Early Care and Education (beginning with most recent experience). Attach additional pages if necessary.

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Job title: \_\_\_\_\_ Dates employed: \_\_\_\_\_  
Age of children you worked with: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Job description:

Reason for leaving:

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Job title: \_\_\_\_\_ Dates employed: \_\_\_\_\_

Age of children you worked with: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Job description:

Reason for leaving:

Return completed application, along with any supporting documentation,  
to the Mentor Program Coordinator of College or Region to which you are applying.