



# STATEWIDE MENTORING PROGRAM

**1. Training and Education.** Please indicate your **highest** level of education. Attach a copy of your degree, transcripts or CDA/PDR certificate (unofficial transcripts are acceptable).

- AA, BS/BA, MS/MA, PhD in childhood care and education or Professional Development Registry Level 3, 4, 5 or 6.
- Degree in related field \_\_\_\_\_
- Completed CDA, one year certificate in ECE, a PDR Level 2 (**Minimum Qualification**)

**2. Training and education in Recognizing and Reporting Child Abuse and Neglect (RRCAN).**  
(Include documentation)

- 2 to 5 hours (**Minimum Qualification**)
- 6 to 10 years
- 11+ hours

**3. Work Experience.**

**A.** How many years have you worked in childhood care and education?

- 5 years (**Minimum Qualification**)
- 6 to 10 years
- 11+ years

**B.** How many years have you worked in childhood care and education directly with children?

- 3 to 5 years (**Minimum Qualification**)
- 6 to 10 years
- 11+ years

**C.** In which settings have you worked? (check all that apply)

- Family Child Care
- Center
- USDA food program
- Resource and Referral agency
- Head Start
- Leadership in a professional organization
- School age program
- Other (Please list) \_\_\_\_\_

**D.** Please attach a resume that includes the length of time you spent at each position.

**4. Languages.** In which languages are you willing and able to provide mentoring?

- Russian
- Spanish
- Vietnamese
- Other: \_\_\_\_\_

**5. Were you previously a Mentor in this program?**  Yes  No

**6. Were you previously a Mentee in this program?**  Yes  No

**7. Complete this section if you would like to select a specialization. If not, continue to question 9.**  
(Indicate specialization)

- Infants and Toddlers
- Children with Special Needs
- School age or Mixed age groups
- Literacy
- Trainer Development
- Management/ Responsible for others
- Limited English/ Non-English speaking populations
- Other (List):

**7a. Specialized Training and Education.** Please indicate your *highest* level of education in your specialization. Attach a copy of your degree, transcripts or CDA/PDR certificate (unofficial transcripts are acceptable).

- MS/MA, PhD in area of specialization
- BS/BA or PDR Level 4 in area of specialization
- BS/BA or PDR Level 4 equivalent training and education in area of specialization

**8. Specialized Work Experience.** Please indicate any paid or volunteer experience that you have which includes your specializations. (This experience is in addition to the minimum experience in question 3.)

- 3 to 5 years (**Minimum Qualification**)
- 6 to 10 years
- 11+ years

**9. Essay Questions.** Answer each of these essay questions. **Points will be awarded for each essay response.** Your typed or neatly printed answers should be no longer than 300 words for each question. Please answer these questions as completely as possible, include details related to the specializations listed in question 7.

1. If you are selected as a mentor, what community and state resources might you use as you work with your Mentees? (**Response required**)
2. Tell us about your advocacy experience. (Are you an active member of a professional organization, hold a leadership position or participate in advocacy activities?)
3. Tell us about your participation in childhood care and education, what activities related to the profession do you participate in or coordinate?
4. Tell us about your involvement in professional development. (Are you involved in the education of others in the profession or coordinating training events?)
5. Why do you want to be a mentor? What qualities do you have that you think would make you a good mentor?
6. What are your long-term professional goals?

**10. REFERENCES.** Include two letters of reference enclosed in envelopes with the signature of the person who wrote each letter written over the sealed flap. The reference forms are included.

**11. GEOGRAPHICAL AVAILABILITY.** In which counties are you willing and able to mentor?

**12.** It will be a requirement that you have access to email with a printer at home, at work or through the community. It is important that Mentors check their email at least once a week. Please let us know how you plan to meet this requirement:

I certify that all answers to questions in this application and additional information I may have submitted are true and complete to the best of my knowledge. I understand that giving false information, misrepresenting facts and material omissions may be grounds for denial or discharge from the Mentor Program. I hereby authorize the Oregon Child Care Resource and Referral Network and/or it's affiliates to check and to verify the above information. I also understand attendance at the Mentor Orientation September 10-12, 2004 is a mandatory requirement for a Mentor.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Please return Mentor application to your local resource and referral agency**

**See reverse for a list of local R&R agencies**  
**STATEWIDE MENTORING PROGRAM R&R CONTACT LIST**

<b>SDA #</b>	<b>Counties</b>	<b>CCR&amp;R Agency</b>	<b>R&amp;R Mailing Address</b>	<b>Phone</b>
1	Columbia, Clatsop and Tillamook	Caring Options	10 Sixth Street, Suite 205B Astoria, Oregon 97103	(503) 325-1053
2-MULT	Multnomah	CCR&R of M-C	1006 SE Grand Avenue, Suite 100B Portland, Oregon 97214	(503) 548-4400 ext. 100
2-CFUSA	Clackamas	CCR&R of M-C Camp Fire USA	5427 Glen Echo Ave Gladstone, Oregon 97027	(503) 656-5281 ext. 6
3	Marion, Polk and Yamhill	Child Care Information Service	2475 Center Street NE Salem, Oregon 97301	(503) 585-2491
4	Lincoln	Family Care Connection	29 SE Second Street Newport, Oregon 97365	(541) 574-6537 ext. 15
5	Linn and Benton	Family Connections	6500 Pacific Blvd. SW Albany, Oregon 97321	(541)917-4908
6	Lane	Lane Family Connections	4000 East 30 <sup>th</sup> Avenue Eugene, Oregon 97405	(541) 463-3307
7	Douglas	Family Connections of Douglas Co.	815 SE Oak Street Roseburg, Oregon 97470	(541) 672-7955
8	Coos and Curry	Coos Curry CCR&R	1988 Newmark Avenue Coos Bay, Oregon 97420	(541) 888-7957
9	Jackson and Josephine	Child Care Resource Network	673 Market Street Medford, Oregon 97504	(541) 776-5100 ext. 2193
10	Wasco and Hood	Child Care Partners	400 East Scenic Drive The Dalles, Oregon 97058	(541) 298-3107 1-800-755-1143
11	Gilliam, Wheeler and Sherman	Family Care Resource and Referral	PO Box 425 Moro, Oregon 97039	(541) 565-3200
12	Deschutes, Crook and Jefferson	Child Care Resources	2303 SW First Street Redmond, Oregon 97756	(541) 548-2380 ext. 118
13	Klamath and Lake	Klamath/Lake CCR&R	1336 Avalon Klamath Falls, Oregon 97603	1-800-866-9835
14	Umatilla and Morrow	Umatilla Morrow CCR&R	110 NE 4 <sup>th</sup> Hermiston, Oregon 97838	(541) 564-6878
15	Union, Wallowa, Baker and Grant	Child Care Resource & Referral	PO Box 2979 La Grande, Oregon 97850	(541) 426-2030
16	Harney and Malheur	Child Care Resource & Referral	190 E Lane Ontario, Oregon 97914	(541) 573-6676
17	Washington	CCR&R	1001 SW Baseline Hillsboro, Oregon 97123	(503) 693-3236

# Oregon Child Care Resource and Referral Statewide Mentoring Program

## MENTOR REFERENCE RESPONSE

### MENTOR APPLICANT:

Name \_\_\_\_\_

### REFERENCE:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_ Agency \_\_\_\_\_

Address \_\_\_\_\_

How long and in what capacity have you known the applicant?

The applicant is applying to become a **Mentor in a statewide mentoring program**. If selected, the applicant will provide support and guidance to others working in childhood care and education. S/he will be a resource person for the profession. Is there anything you think we should know about the applicant and her/his potential as a Mentor? Please use additional pages if you need more space.

**Please complete reverse side**

**PLEASE RESPOND TO THE FOLLOWING:**

1. The applicant is an excellent childhood care and education practitioner.

1. Strongly Agree \_\_\_\_\_ 2. Agree \_\_\_\_\_ 3. Disagree \_\_\_\_\_ 4. Strongly Disagree \_\_\_\_\_ 5. Not Observed \_\_\_\_\_

2. The applicant is sensitive and responsive to the ideas of others.

1. Strongly Agree \_\_\_\_\_ 2. Agree \_\_\_\_\_ 3. Disagree \_\_\_\_\_ 4. Strongly Disagree \_\_\_\_\_ 5. Not Observed \_\_\_\_\_

3. The applicant is aware of the childhood care and education resources available in her/his community.

1. Strongly Agree \_\_\_\_\_ 2. Agree \_\_\_\_\_ 3. Disagree \_\_\_\_\_ 4. Strongly Disagree \_\_\_\_\_ 5. Not Observed \_\_\_\_\_

4. The applicant is respectful of differences in culture, language, personal background, and teaching and learning styles.

1. Strongly Agree \_\_\_\_\_ 2. Agree \_\_\_\_\_ 3. Disagree \_\_\_\_\_ 4. Strongly Disagree \_\_\_\_\_ 5. Not Observed \_\_\_\_\_

5. The applicant is committed to childhood care and education as a profession.

1. Strongly Agree \_\_\_\_\_ 2. Agree \_\_\_\_\_ 3. Disagree \_\_\_\_\_ 4. Strongly Disagree \_\_\_\_\_ 5. Not Observed \_\_\_\_\_

6. The applicant is skilled in planning, organizing, and managing work.

1. Strongly Agree \_\_\_\_\_ 2. Agree \_\_\_\_\_ 3. Disagree \_\_\_\_\_ 4. Strongly Disagree \_\_\_\_\_ 5. Not Observed \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please place reference in an envelope, seal and sign your name across the seal.  
Your completed reference should be returned to the Mentor applicant.

# Oregon Child Care Resource and Referral Statewide Mentoring Program

## MENTOR REFERENCE RESPONSE

### MENTOR APPLICANT:

Name \_\_\_\_\_

### REFERENCE:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_ Agency \_\_\_\_\_

Address \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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