



Mentor Application

Personal Information

Name: _____ Date: _____

Please check: _____ Hearing _____ Deaf _____ Hard of Hearing

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Email: _____ Gender: Male Female

Education

Interpreter Training Program attended (*if any*): _____

Bachelor's Degree obtained (area of study): _____

Credentials (include level, if applicable)

ASLTA _____, EIPA _____, RID or NIC _____, NAD _____, ASLPI _____

Professional Membership (include proof of membership)

RID _____, WisRID _____, NAD _____, ASLTA _____, WAD _____ Other _____

Employment History

Please provide employment information for the past five years, with most recent position held first. If more space is needed use an extra sheet of paper.

Employer: _____

City: _____ State: _____ Phone: _____

Supervisor's Name: _____ Title: _____

Dates Employed: _____ to _____ (m/year) Position Held: _____

Employer: _____

City: _____ State: _____ Phone: _____

Supervisor's Name: _____ Title: _____

Dates Employed: ____ to ____ (m/year) Position Held: _____

Employer: _____

City: _____ State: _____ Phone: _____

Supervisor's Name: _____ Title: _____

Dates Employed: ____ to ____ (m/year) Position Held: _____

Application Questions

Please answer all of the following questions as completely as possible.

1. Provide some background about how you entered the profession of interpreting; deaf family member, peers, language lover, etc.....
2. Where are you currently working and provide some detail about your current role and responsibilities. What are the benefits and rewards of your work? What are some of the challenges/opportunities?
3. Share what drives you as a professional/up-and-coming interpreter? What is your interpreter philosophy?
4. Describe why you want to be a mentor? What qualities, skills and other attributes you have would benefit the WMP?
5. What experience do you currently have as a mentor?
6. What training have you attended, if any, to further your skills as a mentor?
7. What is your availability for the mentorship program? Weekly? Once a month? Face to Face contact? Use of Technology – Email, Webcam etc... Or combination of both?
8. Describe how you balance your personal and professional life? How often do you interact and/or volunteer in the Deaf community?
9. How would you describe yourself as a person?
10. How would your family and friends describe you as a person?

Please read this carefully before signing:

Wisconsin Mentoring Program appreciates your interest in becoming a mentor.

Please initial each of the following:

_____ I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

_____ I understand that Wisconsin Mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

_____ I understand that my attendance at all required training is crucial to the program, and I am able to commit my attendance.

_____ I authorize Wisconsin to obtain any needed information regarding my character references through my employer and/or personal references for the purposes of participating in a mentoring program.

_____ Further, I understand that information about me and my participation in the program will be held in confidential files within the Office for Deaf and Hard of Hearing.

_____ (optional) I agree to allow Wisconsin Mentoring Program to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

I understand I must return this application and the Personal Reference Form, otherwise my application will not be considered.

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Signature

Date

Please mail or fax this application and personal references to:

Office for Deaf and Hard of Hearing, ATTN: Wisconsin Mentoring Program

P.O. Box 7851, 1 W. Wilson Street, Room 451

Madison, WI 53707-7851.

Fax: (608) 264-9899

Applications Due: March 5, 2010



Wisconsin Mentoring Program

Personal References

Please list the names, addresses, and phone numbers of three people you would like to use as character references (only people you have known for at least a year). Include at least one deaf person. Any information Wisconsin Mentoring Program gathers from these references will be held as confidential and not released to you, the applicant.

Deaf Person's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Relationship: _____ How long known: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Relationship: _____ How long known: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Relationship: _____ How long known: _____