

Career Development Apprenticeship Mentor Application

DIRECTIONS— Fill this form out completely and return to the:
Wyoming Children's Action Alliance, 3116 Old Faithful Road, Suite 100, Cheyenne, Wyoming 82001
All information from this form will remain confidential

Date of Application: _____

Name: _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Email: _____

Name of business in which you are employed: _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Business Phone: _____ Fax: _____

Are you employed at a state licensed or legally exempt facility? Yes No

Do you provide direct child care services? Yes No

How long have you worked as a child care professional? _____

What is your position at your child care facility?

Teaching Assistant Teacher Home Provider Center Director Other(specify) _____

What is your highest level of education?

Some High School High School Diploma or GED Some College CDA(specify) _____

AA/AS Degree in _____ BA/BS Degree in _____

Master's Degree in _____ Doctorate Degree in _____

Is your business: Family home child care Family center child care Child care center

Multiple child care centers Head start Child development center Preschool

The following information must be answered (no personally identifiable information will be shared: this information is for data collection purposes only).

Age: 17 or less 18-29 30-39 40-49 Over 49

Sex: Female Male

Ethnicity: Latino Non Latino Nat.

Origin: African American Asian American Caucasian Native American Other All that apply

A resume must be attached to this application with the following information: Educational history, Transcripts (including certificates, expiration date), work experience and mentor experience.

By my signature below, I certify that the information is true. I understand that my failure to answer all of the questions honestly will result in the denial of my application.

Signature

Date