

Mentorship Application



If you would like to participate as a Chilliwack School District 33 Mentor, please fill out the following application form.

School:		E	E-mail:		
EA Elementary	EA Middle	EA Secondary	Indigenous EA	CYCW	Clerica
Number of years' service	working in Scho	ol District 33:			
Mentor Requireme	ents				
3-5 years' eCommitme	experience as a ent to extra hou	serve as a mentor permanent employ rs for training after n Professional Deve	your normal work	day	
Mentor Criteria					
	al, Flexible, Cont oach, Collabora	fidential, Respectfu te, and Consult	l, Experienced		
Please list your experience	e within School	District 33?			
What are you hoping to g	et out of this ex	perience?			
Please indicate who is sup					
Principal	Vice-Princip	oal Resourc	e Teacher	Management	
Name:			Signature:		
acknowledge that I have	read the above	information and w	ould like to be cons	sidered as a Ment	or.
Date:		C	Signature:		