



Mentoring 2011 Program Application

Mark your calendars

Applications are due no later than Oct 1, 2010

Interviews – Oct 15-30, 2010

Mentor Training – November 11, 2010

Mentee Orientation – November 18, 2010

Six month Mentorship January 2011- June 2011

June thru August 2011-mentor accompanies you to test (*optional*)

Benefits to Mentoring With Deaf Way

- Meet the increasing expectations by the users of interpreting services.
- Reduce the number of interpreting assignments unmet due to lack of qualified interpreters.
- Consistently work with the same experienced mentor for the entire six month period fostering a nurturing, professional relationship
- Opportunities for actual interpreting time one level above your current certification level
- Observation hours
- Weekly homework assignments
- Work with your mentor at least 15 hours per week, with a possibility of more hours
- Monthly one-on-one meetings with your mentor to help with skills development
- Ample videotaping opportunities to help with MICS test preparation

Expectations of a Mentee

- Agree to six month commitment to the program
- Commit to spending 15 hours week with mentor
- Work days agreed upon
- Complete required paperwork prior, during and after the mentorship
- Adhere to RID's Code of Professional Conduct
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Applications must be received by October 1, 2010 with completed application, resume, references, and proof of certification and license.



INTERPRETING AND COMMUNITY SERVICES

Name _____

Address _____

Phone Number _____

Certification Level _____

Availability

Please put down specific time frames you can work between the hours of 8am to 5pm weekly for six months? Example, (Monday 8am to 5pm, Wednesday 8am to 1pm)
15 hours MINIMUM is required for the mentoring program.

| |
|-----------|
| MONDAY |
| TUESDAY |
| WEDNESDAY |
| THURSDAY |
| FRIDAY |

High School _____

College _____

Explain your experience with interpreting, workshops, or the Deaf community

What are your professional goals?

References

(must be a teacher, deaf person, or interpreter)

Name _____

Email or Phone _____

Relationship to this person _____

Name _____

Email or Phone _____

Relationship to this person _____

Essay

* Answer the following questions on a separate sheet of paper to be attached with the completed application.

* Limit answers to one page.

1. Why would you be a good match for this program?
2. What do you expect to gain from a six month mentoring program?

Checklist

- Resume
- Completed Application
- Proof of Certification and License
- Essay

Send completed application to: (must be received by 10/1/10)

Mentorship Program c/o Deafway

5240 Oakland

St. Louis, MO 63110

Or fax to 314-289-4295