

NOW TAKING APPLICATIONS

International Gifted Education Teachers Network (IGET-Network)

Mentor Application

Name:	(Surname)	(First)	
Male Female			
Mailing Address:			
Street			
City			
State			
Country			
Email Address #1			
Email Address #2			
Home Telephone			
Mobile Phone or othe	r		
Please inform us if a	ny of the above information cannot or si	hould not be shared with mentees.	
Current Employer (fo	rmer for retiree)		
Position			
For how many yrs. en	nployed here		
Location of employer	:		
Years of experience d	irect classroom teaching		

Will you mentor both male and female teachers? yes no Any particular age group of gifted children you feel most comfortable in assisting a mentee with?
What do you consider your area of expertise as this relates to guiding teachers about gifted children issues, teaching methods, etc.?
Do you have access to a computer and the internet at least once a week? This question takes into consideration international time zone differences and contact with mentee yes no
What countries outside of the United States have you traveled to?
At the present, can you conceive of a mentor/mentee relationship such that you might consider having your family serve as a host family for an international teachers yes nosomething to think about
Will you mentor new and seasoned teachers? yes no
Describe your most relevant education to the mentoring experience (include highest degree and educational institution where your degree was obtained
Membership NAGC or other
On a separate sheet of paper please take a few minutes to type a brief paragraph about yourself. It would be very helpful if you included information about why you are interested in international cyberspace mentoring. Feel free to add a personal touch such as your interests in South Africa, the Caribbean, etc. Along with some information from this application your paragraph will be what the new teachers will see as they select mentees. The more of an educational generalist you are the greater the chances of being selected.
Please send completed application to:
Dr. Joy M. Scott
Your Signature
Date: