



# DCFCCA MENTOR PROGRAM MENTEE APPLICATION

Date \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Licensed Date: \_\_\_\_\_ Type of License: \_\_\_\_\_

Are you a Dakota County Family Child Care Association Member? \_\_\_\_\_

Number of children you care for: \_\_\_\_\_ Number of your own children: \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

What do you wish to gain from this program? \_\_\_\_\_

What are your goals for the year? \_\_\_\_\_

Are you willing to make a commitment to this program? \_\_\_\_\_

What concerns do you have about your business? \_\_\_\_\_

If accepted into the DCFCCA Mentor Program, I agree to commit to the Mentor program, complete the necessary paper work, and to maintain communication with my Mentor on a regular basis.

\_\_\_\_\_  
Signature of Applicant                      Date

\_\_\_\_\_  
Signature of DCFCCA Representative      Date

Return to: DCFCCA Mentor Facilitator  
P.O. Box 22065  
Egan, MN 55122

Voice Mail #: (952) 985-3495