



**SAN MIGUEL, OURAY, MONTROSE & DELTA COUNTIES
REQUEST FOR MENTORING SERVICES**

Applicant's Name: _____ Date: _____

Center Name: _____

Connection to Early Childhood Care & Education:

____ Director ____ Teacher ____ Assistant ____ Home Care ____ Parent ____ Other _____

Mailing Address: _____

Physical Address: _____

Phone: _____ Email: _____

Facility is licensed as a (check one): ____ Family Child Care Home ____ Center ____ School-Age

License #: _____

Assessment of Needs

Request is for what kind of assistance?: _____

Why is the service being requested? _____

How many hours are being requested? _____

List goals of Mentoring below:

1. _____

2. _____

3. _____

I understand that I will be expected to attend at least 1 regular Bright Futures Regional Early Childhood Council Meeting.

Signature of person making the request _____ Date _____

Director/owner must sign below affirming that staff receiving Mentoring will be released from classroom duties as requested in order for effective assistance to be provided.

Owner/Director Signature _____ Date _____

**Send to: Bright Futures, PO Box 4216, Telluride, CO 81435
Fax 970-369-1312. Questions? E-mail: Jill@BrightFuturesForChildren.org**

Approval: _____ **Mentor:** _____ **Completed** _____

Paid _____

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