

NV ECAC Family Engagement Mentorship Program

The Nevada Early Childhood Family Leadership Council (NECFLC) has established the Family Engagement Mentorship Program to assist in supporting authentic engagement of parent and family leaders in the NV ECAC. Mentors will be selected from a pool of applicants representing appointed members of the NV ECAC as well as partners who serve as members of NV ECAC subcommittees. Serving as a mentor is voluntary and not all applicants will be paired with a parent/family leader.

Mentor Qualifications and Expectations:

- Served as an appointed member of the NV ECAC or a member of a NV ECAC Subcommittee for at least one year.
- Knowledge, expertise and/or understanding of the policies and processes of the NV ECAC and/or specific NV ECAC subcommittee(s).
- Ability to serve as a role model for participation in NV ECAC or NV ECAC subcommittee(s) including engagement in discussions and attendance.
- Commitment to meet with parent/family leader to provide guidance and support, as needed, prior to and/or after meetings (approximately 2 to 5 hours per month) for a one-year term.
- Willingness to participate in an evaluation of the Family Engagement Mentorship Program, which may include brief surveys and/or interviews.
- Commitment to provide feedback and recommendations to the NV ECAC based on mentorship experience that will strive to improve parent and family engagement.

All information on this form will be treated as confidential and will not be shared with anyone outside NV ECAC, Thank you for your interest.

Applicant Information

Full Name: _____ Date: _____
Last First

Preferred method of contact:

Phone: _____ Email: _____

Will you be able to meet 1 or 2 times a month (a time commitment of 2-5 hours a month)? YES NO

Have you had experience in a mentoring relationship as either a mentor or mentee? YES NO If yes, please describe? _____

Experience

Please describe the work you do
in your field: _____

Demographics

Demographic information will be used to assist in pairing mentors with parent leaders who specifically request a mentor with shared demographic characteristics. All demographic questions are OPTIONAL. If you do not want to answer any of these questions, please leave the response blank.

Geographic Location:

- North/Urban
- South/Urban
- Rural

Languages Spoken:

- English
- Spanish
- Other specify: _____

Race/Ethnicity: _____

Gender Identity and Pronouns: _____

Are you a parent?

- Yes
- No
- Other

Additional information

Are you an appointed member of the NV ECAC? Yes No

If yes, how long have you served? _____

Which committee(s) do you currently serve on? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Policy & Finance |
| <input type="checkbox"/> Systems Alignment | <input type="checkbox"/> Data & Evaluation |
| <input type="checkbox"/> Communications & Engagement | <input type="checkbox"/> None |

Is there any additional information that might help us match you successfully with a mentee?
