



*New York Association for Pupil Transportation  
266 Hudson Avenue • Albany, New York • 12210  
518-463-4937 (phone) • 518-463-8743 (fax)*

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# **STAMP**

## **SCHOOL TRANSPORTATION ADMINISTRATOR MENTOR PROGRAM**

Seeking Excellence in School Transportation

***APPLICATION FOR PROTEGES***



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## PROTÉGÉ APPLICATION

IDENTIFYING INFORMATION		
NAME:		
EMPLOYER:		
Employer Address:		
Phone:	Fax:	Email: _____
Cell Phone:		Other Communications Info:
<input type="checkbox"/> I am a member in good standing of the New York Association for Pupil Transportation		

WORK PROFILE	
Job Title:	
Describe Duties in Own Words:	
# employees I supervise	# school buses in fleet
(for district employee) % of services contracted (if any)	
(for district employee) Transportation Budget: \$	
Person I Report to (name & title):	
<input type="checkbox"/> My participation in the STAMP program is done with the full awareness of my school administration as attested by the <u>attached</u> letter.	

**DISCUSS REASONS FOR PARTICIPATION**

I am applying to be a STAMP protégé because:

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**PROFESSIONAL STRENGTHS**

I would list among my own personal and professional strengths the following:

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)

**AREAS IN NEED OF ASSISTANCE**

I would list among areas in which I believe I need assistance and support the following:

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)

**PERSONAL INTERESTS/DIVERSITY**

I would submit the following personal interests and activities that I believe make me a well-rounded individual who has the potential of succeeding in the school transportation profession  
*(Example: I am a Little League coach and believe that helps me understand how to help people to succeed, or I am a volunteer firefighter who has to work as a team member if we are to succeed in the field):*

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)

**MATCHING INTERESTS/NEEDS**

I would like to be matched up with a mentor who will be able to help me in the following areas:

- Interviewing and Hiring
- Training
- Evaluation and Assessment of Employees
- Fleet Management
- Budget Development and Management
- Human Rights Systems
- Negotiating Skills
- Presentation Skills
- Writing Skills
- Communications with Employees
- Communications with Supervisors
- Employee Discipline
- Currency on Issues
- Ensuring Professional and Personal Development
- Understanding State and Federal Laws related to school transportation
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

If selected to participate as a STAMP protégé, I am fully prepared to:

- Maintain my status as a NYAPT member in good standing
- Plan regular meetings with their Mentor and seek help when needed
- Ask questions when needed to understand laws, rules and regulations pertaining to the pupil transportation industry
- Participate in professional development opportunities
- Participate in a thorough evaluation of the program and of my mentorship
- Discuss the program with other NYAPT members interested in its benefits

**COMPLETION**

**I certify that the information provided in this application is true to the best of my knowledge and that I intend and desire to participate as a Protege in accordance with the STAMP program, its intent and its requirements.**

**SIGNATURE:**

**NAME:**

**DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**APPROVAL FOR NYAPT STAMP**

**(For Program Use ONLY!)**

**Chair, Professional Development Committee:** \_\_\_\_\_ ; \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date Signed

**NYAPT President:** \_\_\_\_\_ ; \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date Signed



**NYAPT**

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NEW YORK ASSOCIATION  
FOR PUPIL TRANSPORTATION

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