



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

STAMP

SCHOOL TRANSPORTATION ADMINISTRATOR MENTOR PROGRAM

Seeking Excellence in School Transportation

APPLICATION FOR MENTORS



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SCHOOL TRANSPORTATION ADMINISTRATOR MENTOR PROGRAM (STAMP) MENTOR APPLICATION

IDENTIFYING INFORMATION	
Name:	
Employer:	
Employer Address:	
Phone:	Fax:
Email:	Cell Phone:

EXPERIENCE RELATED INFORMATION		
Job Title	Years in Current Position	
Brief Description of Position		
Previous Positions Held		
<i>*For District Operator</i>		
# Drivers	# Attendants/Monitors	# Other Employees
# Conventional	# Transit	# Vans/Other Buses
Operating Budget \$	# Children in District:	
# Children Transported	# Special Needs Children Transported	
<i>*For Contract Operator</i>		
# Drivers	# Attendants/Monitors	# Other Employees
# Conventional	# Transit	# Vans/Other Buses
# Children Transported	# Special Needs Children Transported	

Educational Background and Completion	
<input type="checkbox"/> Non-H.S. Graduate	<input type="checkbox"/> High School Graduate
<input type="checkbox"/> 2 year degree in:	<input type="checkbox"/> 4 year degree in:
<input type="checkbox"/> Graduate studies in:	<input type="checkbox"/> Graduate degree in:
<input type="checkbox"/> NAPT Certification as:	
<input type="checkbox"/> 19A Examiner	<input type="checkbox"/> SBDI <input type="checkbox"/> Master Instructor
<i>Other Educational Attainment</i>	

<p>I have pursued the following academic or professional development activities (include school transportation areas as well as traditional educational courses). Please give dates or years along with program title and location (<i>Example: November 2003 – NAPT Conference – Course #201</i>):</p>
1)
2)
3)
4)
5)
6)

<p>I would submit the following activities and credentials as evidence of my diverse involvement in the school transportation industry and the New York Association for Pupil Transportation:</p>
1)
2)
3)
4)
5)
6)

I would submit the following personal interests and activities that I believe make me a well-rounded individual who could bring benefits to a colleague in the school transportation profession (*Example: I am a Little League assistant coach and believe that helps me understand how to coach and push 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)

APPLICANT INFORMATION

- I certify that I have a minimum of five years experience in the pupil transportation industry, including at least three years supervisory experience in the position for which I would be mentoring a Protégé.
- I have no outstanding audits or negative reviews from the Department of Motor Vehicles, or the Department of Transportation or the Education Department.
- I have not been convicted of a misdemeanor or a felony in the State of New York or any other state.
- I attended the NYAPT Mentor Workshop on ____ / ____ / _____. The workshop was taught by: _____.
- I have attained certification under the NYAPT Professional Certification Program. My date of certification was: ____ / ____ / _____.
- My involvement in the STAMP program is done with the full knowledge of my school administration as attested by the attached letter from my immediate supervisor.
- I was a protégé under an earlier NYAPT Mentor program or another mentor program during my career. (Please list the dates and place of involvement as a protégé: _____

_____)
- I have earlier in my career served as a mentor. (Please list dates and place of involvement as a mentor: _____
_____)
- I have reviewed the information contained in the STAMP brochure and understand my role as a mentor to a colleague in the school transportation profession.

In a range of disciplines and skills, I would submit that my own strengths lie 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
- Communications with the Media
- Discipline
- Currency on Issues
- Ensuring Professional and Personal Development
- Understanding State and Federal Laws related to school transportation
- Other: _____
- Other: _____

- If selected as a mentor, I am prepared to:
 - Create and maintain a confidential and trusting relationship with the Protégé
 - Serve as an advocate and resource
 - Provide a variety of perspectives and formal feedback
 - Demonstrate commitment to professional development by participating in and/or leading professional development programs
 - Maintain an allegiance to the needs and potential of the protégé with whom I would work
 - Submit to a thorough evaluation of my involvement as a mentor
 - Commit to serve as a mentor for a minimum of one year

COMPLETION

I certify that the information provided in this application is true to the best of my knowledge and that I agree to serve as a STAMP Mentor in accordance with the 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

**NEW YORK ASSOCIATION
FOR PUPIL TRANSPORTATION**