



NEW ENGLAND

PIANO TEACHERS' Assoc., Inc.

**NEPTA MENTORING PROGRAM
APPLICATION FOR MENTEES**

Please print:

NAME _____

ADDRESS _____

TELEPHONE (Day) _____ (Evening) _____

EMAIL ADDRESS _____

Best way, times to contact you: _____

Educational background: _____

Have you ever been convicted of a crime? _____ If "yes" please explain.

Describe your teaching experience. _____

I teach (or have taught) in: Please check any that apply and write how many years.

- | | |
|---|---|
| <input type="checkbox"/> Home studio _____ | <input type="checkbox"/> Conservatory _____ |
| <input type="checkbox"/> Non-residential studio _____ | <input type="checkbox"/> Community Music School _____ |
| <input type="checkbox"/> In students' homes _____ | <input type="checkbox"/> Public School _____ |
| <input type="checkbox"/> Music Store _____ | <input type="checkbox"/> Church _____ |
| <input type="checkbox"/> University or College _____ | <input type="checkbox"/> Other _____ |

Would you like to observe a teacher in a home studio, non-residential studio, (church, music store, other) or in a school?

What area(s) of piano teaching do you want to observe? Please circle any that apply.

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Teaching adults | <input type="checkbox"/> Computer lab |
| <input type="checkbox"/> Teaching young children | <input type="checkbox"/> Theory |
| <input type="checkbox"/> Group or class teaching | <input type="checkbox"/> Composition |
| <input type="checkbox"/> Teaching ensembles | <input type="checkbox"/> Jazz |

Specific Repertoire _____

Specific Period (i.e. Contemporary period) _____

Other _____

Can you speak any other languages? _____

What days or evenings are you available and during which hours?

How often would you be available to observe? (For example: every week, once a month)

For how long a period would you be available to observe? (For example: four weeks, three months)

How do you participate in NEPTA? (Do you attend monthly meetings, teachers' exchanges, present students in recitals or competitions, serve on a committee or on the NEPTA Board?)

I understand that there is no charge for the time that I observe my Mentor's teaching.

I agree to pay my Mentor's fee as set forth in the Billing Agreement for any discussion time of pedagogical issues either in person, by phone or per email.

DISCLAIMER AND WAIVER OF LIABILITY

I understand and agree that neither New England Piano Teachers Association ("NEPTA") nor any Mentor associated with the Mentorship Program of the NEPTA shall be responsible for any bodily injury, property damage, or loss sustained or incurred by me during the time I am on the Mentor's premises. I hereby waive, forfeit, and forever release NEPTA and its Mentors, their successors and/or assigns from any liability, whether personal or professional.

I agree to share the information on this application with prospective Mentors and the Mentoring Committee.

I certify that the above information is accurate, to the best of my knowledge.

Signature of Mentee

Date

Received by _____
Signature of NEPTA Mentoring Program Chairperson

Date

Please provide two references who are willing to be contacted by a NEPTA Mentoring Program Committee member.

Please print:

NAME OF REFERENCE _____

ADDRESS _____

TELEPHONE (Day) _____ **(Evening)** _____

EMAIL ADDRESS _____

Please print:

NAME OF REFERENCE _____

ADDRESS _____

TELEPHONE (Day) _____ **(Evening)** _____

EMAIL ADDRESS _____

Mail application to: Betty Reed, Mentoring Chair, 32 Hammond Road, Belmont MA 02478-2253