



## The New York State Mentoring Program

### Change a Life. Become a Mentor.

Thank you for considering becoming a Mentor. When you join The New York State Mentoring Program you are helping to make a real difference in a young person's life and giving them hope for the future.

If you would like to mail your Mentoring application, please send it to:

**Office of Children & Family Services  
NYS Mentoring Program  
52 Washington Street, Rensselaer, NY 12144**

**First Name**

**Last Name**

**Email Address**

**Daytime Telephone Number**

**Evening Telephone Number**

**Street Address (City / State / ZIP)**

**Are you a(n)**

Individual

Retired

Company

Community Association

NGO

**Have you ever been a Mentor before?**

Yes

No

**What region or city would you like to Mentor in?**

<input type="checkbox"/> Capital Region	<input type="checkbox"/> Central NY	<input type="checkbox"/> Finger Lakes	<input type="checkbox"/> Long Island
<input type="checkbox"/> Mid-Hudson	<input type="checkbox"/> Mohawk Valley	<input type="checkbox"/> New York City	<input type="checkbox"/> North Country
<input type="checkbox"/> Southern Tier	<input type="checkbox"/> Western NY	<input type="text"/> Other	

**Do you have a grade preference?**

<input type="checkbox"/> Elementary	<input type="checkbox"/> Middle School	<input type="checkbox"/> High School
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**Please describe your past Mentor experiences:**

**Please describe why you want to become a Mentor:**

**Please list any professional associations or civic activities with which you are a member of:**

**Briefly explain the personal qualities that you believe would make you a good mentor:**

**How would you describe your personality?**

**How do you spend your free time? Hobbies, activities, sports, etc.**

**How did you hear about the NYS Mentoring Program?**

<input type="checkbox"/> Brochure	<input type="checkbox"/> Friend	<input type="checkbox"/> School	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Radio	<input type="checkbox"/> PTA	<input type="checkbox"/> Poster	<input type="checkbox"/> My Organization
<input type="checkbox"/> Lions	<input type="checkbox"/> Rotary	<input type="checkbox"/> Kiwanis	<input type="text"/> Other

**Please provide 2-3 references. Include name and email.**



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