



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
1 Broadway Center
Schenectady, NY 12305**

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?

Capital Region

Central NY

Finger Lakes

Long Island

Mid-Hudson

Mohawk Valley

New York City

North Country

Southern Tier

Western NY

Other

Do you have a grade preference?

Elementary

Middle School

High School

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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