



The New York State Mentoring Program

Change a Life. Become a Mentor.

Thank you for considering becoming a Mentor.
When you join the NYS 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 fill out your Mentoring application electronically, you can submit online. If you would like to mail your Mentoring application, please send to:

**NYS Mentoring Program
Council on Children and Families
52 Washington Street, Suite 99 West
Rensselaer, NY 12144**

*** Indicates a Required Question**

***First Name:**

***Last Name:**

***E-mail:**

***Telephone:**

***Gender:**

***Home Address:**

***City:**

***State:**

***Zip:**

Employment Information

If you are currently employed, please answer the following employment questions.

Employer:

Job Title:

Employment Length:

Work Telephone:

Work Address:

City:

State:

Zip:

Application Questions

Have you ever Mentored:

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

Employer *(specify below)*

School or PTA *(specify below)*

Religious Organization; Church /Synagogue/Mosque/Faith-based CBO, etc. *(specify below)*

Other Community-based Organization *(specify below)*

Traditional Media: TV/Radio/Newspaper/Brochure/PSA/Billboard/Sign, etc *(specify below)*

Social Media *(specify below)*

Other *(specify below)*

***Please specify your choice from the question above:**

Please list any professional associations or civic activities with which you are affiliated:

Why are you interested in becoming a mentor?

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

How would you describe your personality?

Describe the kind of people you get along with best:

What are your likes/dislikes/hobbies?

***Please select the county you would like to mentor in:**

References

Please share at least 2, preferably 3 people we can contact to ask them for a reference for you to become a mentor.

Reference #1

***First Name:**

***Last Name:**

***E-mail:**

***Telephone:**

Reference #2

***First Name:**

***Last Name:**

***E-mail:**

***Telephone:**

Reference #3

First Name:

Last Name:

E-mail:

Telephone:

Thank you for completing this application!

**Please mail your completed form to the address below
or submit electronically.**

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A NYS Mentoring staff person will be in touch with you in 1-3 business days.

If you have any questions, please call (212) 383-4708 or e-mail

nysmentoringprogram@ocfs.ny.gov