

KEVIN BYRNE  
County Executive

MICHAEL PIAZZA, JR.  
Commissioner



## YOUTH BUREAU

SARA SERVADIO  
Deputy Commissioner

JANEEN CUNNINGHAM  
Executive Director

### Mentor Application

#### Mentor Information:

Name \_\_\_\_\_

Gender: Male / Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ School/Grade \_\_\_\_\_

#### Ethnicity:

White \_\_\_\_\_ Black or African American \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_

Native Hawaiian or Other Pacific Islander \_\_\_\_\_ Asian \_\_\_\_\_

Two or More Races \_\_\_\_\_

Adult T-Shirt Size (Please Circle): S M L XL

Email \_\_\_\_\_

Please list any food allergies/dietary restrictions \_\_\_\_\_

Do you play any school sports or have any other school commitments?

1. SPORT/OTHER ACTIVITY: \_\_\_\_\_

2. SEASON (please circle): FALL WINTER SPRING

What are your interests? \_\_\_\_\_

What sports/activities/community organizations do you participate in?  
\_\_\_\_\_

**\*\*PLEASE SEE BACK\*\***

DONALD B. SMITH COUNTY GOVERNMENT CAMPUS  
110 Old Route Six ~ Building Three ~ Carmel, New York 10512  
(845) 808-1600 ~ Fax (845) 808-1907

# Mentor Application

## **Parent/Guardian Information:**

Parent/Guardian Names \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

## **Emergency Contact Information:**

Name of Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**REQUIREMENTS:** The requirements for becoming a mentor include a genuine interest in children and a weekly commitment to remain a positive and consistent mentor.

I grant permission for my child to participate in the Putnam County Youth Bureau Mentoring Program. In case of physical need, I authorize first aid and/or emergency care to be administered to my child at the nearest medical facility.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date