

3. List any other volunteer experience you have had. Include the type of work, the location of the organization you worked with, when and how long you worked there, and anything else you want us to know.

4. What experiences have you had with people of other cultures, races, or ethnicities?

LOGISTICS

1. When are you available to volunteer?

Days and times _____

Number of hours per week _____

2. What boroughs would you like to volunteer in?

Manhattan Brooklyn Queens Bronx Staten Island

3. Do you have any constraints that might prevent you from making a year commitment to ACS's Mentoring Program?

4. Please indicate when you would be able to attend a mentoring training?

Saturday (10am – 3pm) Week night (5pm – 10 pm)

GETTING TO KNOW YOU

1. Have you ever been mentored (formally or informally)? If so, please describe that mentor and how he/she supported or encouraged you.

2. Why are you interested in mentoring a young adult in foster care?

3. What do you plan to offer a young adult in foster care and why?

4. What do you expect to get in return from the youth?

5. What are your hobbies, special interests or skills (professional or otherwise) that you might teach/share with a young person?

Second Reference

2) Name _____

Mailing Address _____

City _____ State _____ Zip-Code _____

Daytime phone _____

Email _____

Relationship to you _____

How long have you known the reference person? _____

Pledge of Confidentiality

I, _____, have agreed to serve as a mentor in the Administration for Children’s Services (ACS) Mentoring Program. I understand that as a volunteer mentor with this program, I may learn certain facts about the young adults and families served by ACS that is confidential. Such confidential information may include, but is not limited to, details of the child or family’s personal, medical, financial and employment history, particular reasons the youth came into care, treatment plans and Family Court findings. I agree, as a condition of my service as a volunteer mentor, not to disclose any such confidential information to any person who is not an employee of ACS affiliated with ACS’s Mentoring Program.

Signature

Date

The information I have provided on this questionnaire is true to the best of my knowledge. I grant permission to the Administration for Children’s Services to verify the information and to contact the references provided.

Signature

Date

Thank you for your interest. We will contact you shortly.

**Please return this completed application to
ACS Mentoring Program
Administration for Children’s Services
2 Washington Street, 20th Floor
New York, New York 10004**

**Telephone (212) 487-8552 Fax (212) 487-8247
Email: mentoring@acs.nyc.gov**

