



**Department of
Education**

Chancellor Richard A. Carranza

To All Mentor Candidates:

Welcome and thank you for your willingness to serve as a mentor with the NYC Department of Education. In this packet are materials to facilitate the process of suitably linking you to a high school student in the Mentoring Program. Until further notice, mentoring will be virtual due to COVID-19:

1. A **Question and Answer Fact Sheet** that describes the mentoring program, outlines the responsibilities of a mentor, and highlights what is expected of the mentoring partner.
2. An **Application for Prospective Mentors** answered to the best of your ability, signed bottom of page 4, and returned to your mentoring coordinator before training. Electronic signatures will be accepted with 'docusign' if available at your organization, Adobe signature, or conformed signature (/s/+ typed name). Incomplete applications will not be accepted.
3. A **Mentor Consent Agreement Form** that will enable the New York City Mentoring Program to use your photographic image(s), quotes or written statements for educational purposes in print, on the internet, the mentoring program's secure site, and all other forms of media. *Please sign and return it to your mentoring coordinator with your application.*
4. A **Sample Reference Letter** that is sent by the New York City Mentoring Program office to the individuals you list as character references, for your information. **Do not have references complete this sample** – the mentoring office will send to your references directly.

Additionally, a fingerprint check is required in order for you to be matched with your designated student mentee. Due to COVID-19, fingerprinting will only be available at 65 Court Street, BK by appointment (free of charge). **Before you can be fingerprinted by The New York City Department of Education, you will need to complete a TWO STEP process:**

- **Submit a PETS (Personnel/Volunteer Eligibility Tracking System) form** to NYCMP along with this application.
- **Register online** upon receipt of the nomination/registration email from PETSAdminSupport@schools.nyc.gov.

Once registered, you must bring your registration confirmation with you to get fingerprinted. Your mentor coordinator will provide you with further instructions. Please do not hesitate to call your mentor coordinator or NYCMP with any questions.



131 Livingston Street, Room 408
Brooklyn, NY 11201
Phone: 718.935.2389
Fax: 718.935.2964
www.nycmentoringprogram.org



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New York City Mentoring Program

Be a mentor!

Mentoring focuses on a person's untapped potential and the realization of goals, whether they are academic, career centered or related to the development of a specific skill. Everyone who is successful in the world has learned how to access resources and how to work with others to get the answers and the coaching they need. This is a piece of knowledge that students need in order to reach their goals.

By sharing information and life experiences, a caring adult mentor can help a young person to understand the value of education, achieve familiarity with the world of work, solve problems, and work to accomplish mutually agreed upon goals. A mentor can help a young person to broaden his or her horizons and learn how to navigate a variety of educational, social, and vocational situations.

The New York City Mentoring Program believes that committed organizations and businesses can and do make a critical difference by allowing their employees to serve as mentors to public high school students. Since 1983, the New York City Mentoring Program has partnered hundreds of business, organizations and government agencies with the City's high schools, trained thousands of mentor volunteers throughout the New York City area, and provided technical assistance to its partner companies and organizations in the development and operation of mentoring programs.

How are mentors selected, screened and trained?

The New York City Mentoring Program administers a screening and application process to the mentors, including a mandatory three hour initial training session. The New York City Department of Education policy also requires fingerprinting of all individuals who work directly with students in our schools. Personal and professional references must also be provided by the prospective mentor. The Office of Safety and Youth Development's Mentoring Team reviews the mentor's application form and the school's and organization's coordinators carefully match students with mentors based upon shared interests.

What is the time commitment?

Once matched, the mentor is expected to make a time commitment of meeting **one hour a week** or **two hours bi-weekly** with the student. The mentor is also asked to make a **year-long commitment** to the program and to participate in an assessment process. These requirements are important to ensuring the consistency and continuity that make for a successful mentor-mentee relationship. The activities that a mentor engages in with a student are determined by the specific nature of the mentoring program that is developed at the mentor's organization. Mentors are encouraged to expose their students to

the City's vast cultural and social resources, in addition to exposing students to the world of work and helping with academic advisement. Field trips and special events are usually provided for the students, to enlarge their sense of the world.

What is expected of the mentoring partner?

Companies or mentoring organizations must recruit 15-20 volunteers to serve as mentors and designate an in-house liaison to work with the mentors, the school, and the Office of Safety and Youth Development. The companies or mentoring organizations with which mentors are affiliated must also make a donation to the New York City Mentoring Program via the Fund for Public Schools in order to support the expenses of the program and school coordinator.

Every week or every other week, mentors meet with their students after school, during or after work. Companies or organizations are encouraged to be flexible in allowing their employees to participate in this program. If possible, partners are also asked to make space available for mentoring program functions or events.

To learn more, contact:

**New York City Mentoring Program
Office of Safety and Youth
Development**

**Lori Mastromauro, Director
131 Livingston Street, Room 408
Brooklyn, NY 11201**

☎ (718) 935-2389

Fax (718) 935-2964

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**NEW YORK CITY MENTORING PROGRAM
APPLICATION FOR PROSPECTIVE MENTORS**

The information you give will be used not only to determine your eligibility for this program, but also to match you to the student most appropriate given your background and interests. All data collected will be used only on a "need to know" basis. Pursuant to The New York City Department of Education policy, this information will be used to clear you to work unsupervised with an individual student. It is required that you complete this form and submit it to your organization's mentoring coordinator prior to the mentor training session.

I. Personal Profile – Please type or print legibly.

Last Name _____	First Name _____
Company/Mentoring Organization _____	
Company Address _____	Daytime Phone# _____
City _____ State _____ Zip _____	*E-Mail _____
Home Address _____	
City _____ State _____ Zip _____	Primary Phone# _____
Gender: Male Female	Cell Phone# _____

****Please include an email that you use regularly.***

Educational/Employment Background: Begin with your most recent educational experience and employment

School/Institution

From/To

Diploma/Degree

Employer/Company

Position

From/To

Responsibilities

Community Service. List current and past participation in community activities. Include any involvement with youth-serving agencies.

Language Proficiency. List the languages in which you are fluent.

II. Program Participation (you must be available a minimum of 4 hours each month)

Time availability. Number of hours per week: _____ or Number of hours every other week: _____

Preferable days: _____

Limitations: _____

Comments:

Are you participating in the program with the full support of your employer? Yes ___ No ___ N/A___

If *no*, how will you resolve potential time conflicts?

III. Mentoring Prospectus

What are you looking for in a student/mentee (eg. qualities, background, interests)?

Cultural/creative/social activities, which you enjoy and would like to share with a student/mentee:

Describe the benefits you hope to realize from your involvement with high school aged children:

What is your age? 0-20 21-40 41-60 60+

What individual is a role model for you? _____

How would you have answered the above question when you were younger?

If you could recommend one book for a young person to read, what would it be and why?

Describe your life experiences that will assist you in mentoring. Use the back of this form, or attach an additional sheet of paper if necessary.

What information, skill or training would you like to have in preparation for mentoring?

IV. Screening and References

Have you ever been convicted of a crime? No_____ Yes_____

If yes, how long ago? _____ In what court? _____

List the names and e-mail OR mailing addresses of three persons who have known you for at least ONE year and well enough to vouch for your character. One of these persons must have been an employer or supervisor. None may be from your immediate family. References will only be contacted upon your conditional acceptance into the program.

Please type or print legibly and alert your references that someone from the Department of Education will be contacting them. Thank-You!

Name _____

E-mail Address _____

Mailing Address _____

Relationship _____ How long have you known this person? _____

Name _____

E-mail Address _____

Mailing Address _____

Relationship _____ How long have you known this person? _____

Name _____

E-mail Address _____

Mailing Address _____

Relationship _____ How long have you known this person? _____

IMPORTANT: YOUR ORIGINAL/ELECTRONIC SIGNATURE IS REQUIRED!

Federal law requires that student records remain confidential and any information obtained about a student, from address to work habits, may not be disclosed to others except the student's teacher, principal, guidance counselor and/or parents. If a prospective mentor questions his/her ability to abide by this law, he/she should reconsider applying.

Any publication emanating from participation in this program must be reviewed by the Chancellor or his designee prior to publication.

I have read the above statements and agree to abide by them. The information I have provided in this questionnaire is true to the best of my knowledge. I grant permission to The New York City Department of Education to verify the data and to contact the references provided.

Signature

Date



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**New York City Mentoring Program
Mentor Consent Agreement**

(use/publish mentor’s photograph, quotes or written statements for educational purposes)

I, _____ (mentor), hereby consent to the use of my oral and written statements and the use of my photograph(s) (inclusive of movies or videos of myself), by the New York City Mentoring Program.

The New York City Department of Education may also use for non-profit purposes, articles in my employer’s newsletters, etc., describing its participation in the New York City Mentoring Program.

The New York City Department of Education may edit, use and reuse said items for non-profit purposes including use in print, on the internet and the New York City Mentoring Program’s secure social networking site, and all other forms of media.

I hereby release The New York City Department of Education and their agents and employees, from all claims, demands, liabilities whatsoever in connection with the above consent.

Date _____

Signature of Mentor _____

Company/Affiliation _____

Daytime Phone# _____

"
Email: _____



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**FOR YOUR INFORMATION: THIS IS A SAMPLE DOCUMENT
DO NOT HAVE YOUR REFERENCES COMPLETE THIS FORM**

*The New York City Mentoring Program office will send it to your references directly.
Thank you!*

Date: _____
Program Affiliation: _____

Re: _____

Applicant, The New York City Department of Education's Mentoring Program

The above named applicant wishes to become a mentor to a student within the New York City school system and has given your name as a reference. Your confidential appraisal of the applicant will be of great value to us in arranging a mutually satisfactory placement for this individual within one of the many mentoring programs affiliated with the New York City public schools.

Mentors are unpaid individuals who provide one-on-one guidance to students interested in exploring creative career alternatives. They support and encourage their student/mentee both academically and socially. Mentors are not substitutes for either parents or teachers. It is therefore critical that any adult considering assuming such a role be willing to work closely with other adults and capable of responding to the unique needs of their student mentee. They must be in good health both physically and mentally.

We would appreciate your cooperation in filling out and returning this confidential reference within the next two weeks. Please mail or fax to: **The New York City Department of Education, The New York City Mentoring Program, Office of Safety and Youth Development, 131 Livingston Street, Room 408, Brooklyn, NY 11201 FAX#: 718-935-2964**

1. How long have you known the applicant? _____
2. What is your relationship to the applicant? _____
3. Is the applicant dependable? _____ Cooperative? **SAMPLE**
4. In your opinion, how well suited for this type of work with students is this applicant?

DO NOT HAVE REFERENCES COMPLETE

Signature _____ Date: _____

Address _____

_____ Telephone: _____

SAMPLE

Thank You.