



# THE NEW YORK CITY DEPARTMENT OF EDUCATION

JOEL I. KLEIN, Chancellor

Office of Strategic Partnerships  
52 Chambers Street  
Room 305  
New York, New York 10007

New York City Mentoring Program  
Phone: (212) 374-2876  
Fax: (212) 374-5571

To All Mentor Candidates:

Thank you for your willingness to serve as a mentor to a New York City public school student. In this packet are materials designed to facilitate the process of suitably linking you to a student in AIGA/NY's Mentoring Program, part of The New York City Department of Education's Mentoring Program. You will find the following sheets enclosed for your review:

1. A **Question and Answer Fact Sheet** that outlines the responsibilities of a mentor.
2. A **Questionnaire for Prospective Mentors** that you should answer to the best of your ability, sign and return to the AIGA/NY mentoring coordinators *prior to mentor training*. (The questionnaire was designed with PDF form fields, allowing you to fill it out in Acrobat Reader version 5 and up.)
3. Two **Mentor Consent Agreement Forms** that will enable the New York City Mentoring Program and the AIGA/NY Mentoring Program to use/publish your photograph(s), quotes or written statements for educational purposes. Please sign and return it to your mentoring coordinator along with your questionnaire.
4. A **sample of the Reference Letter** that is sent to the individuals you list as character references. Please remember to give us their full address.
5. A Fingerprint Processing Referral Form and two fingerprint cards will be given to you at the training and orientation meeting to complete before you can be fingerprinted by The New York City Department of Education.

**Once we receive the above information from you, we can match you with a student from the High School of Art and Design, our school partner.** If you have any questions, please do not hesitate to call the mentoring Co-Chairs or the Office of Strategic Partnerships.

**Again, thank you - and welcome!**

AIGA/NY Mentoring Program  
164 Fifth Avenue  
New York, NY 10010  
Phone (212) 255-1856 • Fax (212) 255-4410  
Co-Chairs:  
Kris Angell, kris@iamtheproject.org (212) 889-1840  
Emma Presler, emma@iamtheproject.org (212) 448-4967

The New York City Department of Education  
The New York City Mentoring Program  
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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 Strategic Partnerships, which oversees the New York City Mentoring Program, 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 mentor's company or organization?**

Institutions must recruit 15-20 employees to serve as mentors and designate an in-house liaison to work with the mentors, the school and the Office of Strategic Partnerships. The company or organization with which the mentors are affiliated must also make a donation to the Fund for Public Schools in order to stipend the school program 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:  
AIGA/NY Mentoring Program  
Kris Angell & Emma Presler  
164 Fifth Avenue  
New York, NY 10010  
[info@aiganymentoring.org](mailto:info@aiganymentoring.org)

Or:  
New York City Mentoring Program  
Lori Mastromauro, Director  
52 Chambers Street, Room 305  
New York, NY 10007  
(212) 374-2876  
Fax (212) 374-5571



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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) 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 in its published documents.

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

Date \_\_\_\_\_

Signature of Mentor \_\_\_\_\_

Company \_\_\_\_\_

Affiliation : AIGA/NY \_\_\_\_\_

Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Fax ( \_\_\_\_\_ ) \_\_\_\_\_



*American Institute of Graphic Arts  
New York Chapter*

AIGA New York 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) by AIGA New York Mentoring Program, a New York City Department of Education Mentoring Program.

AIGA New York Mentoring Program may edit, use and reuse said items for non-profit purposes in its published documents and in the content of the AIGA New York Mentoring Program web site and the AIGA New York web site.

I hereby release AIGA New York Mentoring Program and its agents and employees from all claims, demands, liabilities whatsoever in connection with the above consent.

Date \_\_\_\_\_

Mentor name (please print) \_\_\_\_\_

Signature of mentor \_\_\_\_\_

Daytime Phone (     )     - \_\_\_\_\_



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**Note: This is a Sample of the Letter that will be sent to your references. Please do not fill it out.**

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Date: \_\_\_\_\_  
Affiliation: \_\_\_\_\_

New York City Mentoring Program

Re: \_\_\_\_\_  
Applicant, The New York City Department of Education  
NYC 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 projects affiliated with the New York City public schools.

Mentors are unpaid individuals who provide one-on-one guidance to students interested in exploring creative vocational 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 as soon as possible. Please mail or fax to: **The New York City Department of Education, The New York City Mentoring Program, Office of Strategic Partnerships, 52 Chambers Street, Room 305, New York, New York 10007**  
FAX#: 212-374-5571

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

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Telephone: \_\_\_\_\_

Thank You.



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## QUESTIONNAIRE FOR PROSPECTIVE MENTORS

The information you give will be used not only to determine your eligibility for this program, but also to link you to the mentor program or student most appropriate given your background and interests. All data 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*

|                   |                      |     |   |
|-------------------|----------------------|-----|---|
| Name              | Gender:              | M   | F |
| Title             |                      |     |   |
| Company           | Affiliation: AIGA/NY |     |   |
| Co. Address       | Daytime Phone:       |     |   |
| City              | State                | Zip |   |
| E-Mail:           |                      |     |   |
| Home Address      | Home Phone:          |     |   |
| City              | State                | Zip |   |
| Secondary E-Mail: |                      |     |   |

**Educational Background.** Begin with your most recent educational experience. List the name of the institution(s), years attended and the degree(s) received.

| School/Institution | From/To | Diploma/Degree |
|--------------------|---------|----------------|
|                    | /       |                |
|                    | /       |                |
|                    | /       |                |

**Employment History.** Begin with your most recent job. For each entry, include job type, your title and a brief description of your responsibilities. If you have a resume, you may attach it.

| Company | Position | From/To | Responsibilities |
|---------|----------|---------|------------------|
|         |          | /       |                  |
|         |          | /       |                  |
|         |          | /       |                  |
|         |          | /       |                  |

Name \_\_\_\_\_

***Mentor Questionnaire, Page 2***

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

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

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***II. Program Participation***

**Time availability.**

Number of hours per week: 1-2 2-4 4+

Preferable days: M T W Th F Sat Sun

Limitations:

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Comments:

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Are you participating in the program with the full support of your employer? Yes\_\_\_ No\_\_\_

If no, how will you resolve potential time conflicts?

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***III. Mentoring Prospectus***

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

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

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Name \_\_\_\_\_

***Mentor Questionnaire, Page 3***

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

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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 as a young person? \_\_\_\_\_

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

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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.

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

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Name \_\_\_\_\_

***Mentor Questionnaire, Page 4***

***IV. References***

Have you ever been convicted of a crime? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, how long ago? \_\_\_\_\_ In what court? \_\_\_\_\_

List the names, addresses, and daytime telephone numbers of three persons who have known you for at least one (1) 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.

Employer/Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Secondary Contact Information: Daytime Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Secondary Contact Information: Daytime Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Secondary Contact Information: Daytime Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

***IMPORTANT!***

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