



New Paltz

STATE UNIVERSITY OF NEW YORK

Office of Veteran & Military Services
1 Hawk Drive, New Paltz, NY 12561-2439

MENTOR APPLICATION
ALUMNI/COMMUNITY MEMBER

PERSONAL INFORMATION:

Please type or print:

Last Name First MI

Local Address: Street Apt. No. E-mail

City State Zip Code Telephone Number

Gender: Male Female Non-binary Prefer to self-describe:

Emergency Contact Telephone Number

Relationship Work Number

SCHOOL INFORMATION:

1. School(s) Attended:

2. Degree(s) Conferred:

3. What are your favorite subjects?

YOUR INTERESTS:

1. What are your hobbies and interests?

2. Do you participate in any extracurricular activities (e.g., Boy/Girl Scouts, youth programs, sports, clubs, etc.)? If yes, explain:

3. What do you think the role of a mentor is? How do you feel this program can benefit our students and how will your participation impact them?

**MILITARY EXPERIENCE (IF APPLICABLE):**

Branch of Service: \_\_\_\_\_ Dates: \_\_\_\_\_

Rank/Rate at time of discharge: \_\_\_\_\_

Last duty station, dates \_\_\_\_\_

Deployments (number and location):

**DEPENDENT INFORMATION (IF APPLICABLE):**

Sponsor's branch of service: \_\_\_\_\_ Dates: \_\_\_\_\_

Sponsor currently deployed?  Yes  No

**MATCH INFORMATION:**

What days of the week are you available to participate? (check all that apply):

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

What is the best time for you to participate? (check all that apply):

Mornings  Afternoons  Evenings  Weekends

What three words best describe you?

\_\_\_\_\_

**COMMENTS OR QUESTIONS:**