

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

**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: \_\_\_\_\_

**SCHOOL INFORMATION:**

1. Department: \_\_\_\_\_ Status:  Faculty  Staff

2. List the classes you are teaching this semester (if applicable):

3. How many students would you be interested in mentoring this semester? \_\_\_\_\_

**YOUR INTERESTS:**

1. What are your hobbies and interests:

2. Do you participate in any extracurricular activities outside of school (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:**