

KEVIN BYRNE
County Executive

SARA SERVADIO
Commissioner

NICOLLE McGUIRE
Deputy Commissioner



JANEEN CUNNINGHAM
Executive Director

KIMBERLY REALBUTO
Deputy Director

YOUTH BUREAU

Mentor Registration

Mentor Information:

Name _____

Gender: Male / Female / Other

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Age: _____ School/Grade _____

Ethnicity:

White _____ Black or African American _____ Hispanic or Latino _____

Native Hawaiian or Other Pacific Islander _____ Asian _____

Two or More Races _____

Adult T-Shirt Size (Please Circle): S M L XL

Email _____

Please list any food allergies/dietary restrictions _____

Do you play any school sports or have any other school commitments?

1. SPORT/OTHER ACTIVITY: _____

2. SEASON (please circle): FALL WINTER SPRING

What are your interests? _____

What sports/activities/community organizations do you participate in?

****PLEASE SEE BACK****

DONALD B. SMITH COUNTY GOVERNMENT CAMPUS
110 Old Route Six ~ Building Three ~ Carmel, New York 10512
(845) 808-1600 ~ Fax (845) 808-1907

Mentor Application

Parent/Guardian Information:

Parent/Guardian Names _____

Cell Phone _____ Work Phone _____

Email _____

Emergency Contact Information:

Name of Emergency Contact _____

Phone _____ Cell Phone _____

REQUIREMENTS: The requirements for becoming a mentor include a genuine interest in children and a weekly commitment to remain a positive and consistent mentor.

I grant permission for my child to participate in the Putnam County Youth Bureau Mentoring Program. In case of physical need, I authorize first aid and/or emergency care to be administered to my child at the nearest medical facility.

Parent/Guardian's Signature

Date