



Teen Mentorship Program 2008-2009 Mentor Application Form

Please return completed form by ASAP to:

Melissa Moscol
49-23 Francis Lewis Blvd.
Bayside, NY 11364

Contact Information

Name:

Address:

Home Telephone:

Mobile Telephone:

Birthday (month/day/year):

Social Security Number (used for background check):

Email Address:

Adoption/Culture Questions

Birth Country:

Adoptive Country:

Age when adopted:

Any adopted siblings?

Hometown:

Have you been a mentor in either the Also-Known-As Youth Mentorship Program or Teen Mentorship Program? If so, which years?

Have you ever served as a Mentor, Big Brother/Sister, Camp Counselor for children or teens? If so, for which program (s), for how long, and in what capacity?

Have you worked with/mentored children who are adopted? If so, when?

What are your experiences/issues with your own adoption. Are you comfortable in sharing your experience in a group setting?

Are you willing to have your email, address and phone number distributed to teens, parents and mentors in the annual directory? (If no, your contact information will not be included in the annual directory.)

Why do you want to be a Mentor in the Also-Known-As Teen Mentorship Program? What do you want to get out of being a mentor?

How do you think that you can help the teens with their own struggle in discussing their experience?