

Please fill out the form below and send to Maggie A. Alix, Mentoring Committee Chair, via email at maggiea@villageofgreenisland.com or via mail to 20 Clinton Street, Green Island, NY 12183.

First Name: _____ Last Name: _____

Municipality: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

1. Would you like to be a Mentor?
 - a. YES
 - b. NO
2. Would you like to be a Mentee?
 - a. YES
 - b. NO

If you answered YES to question #2, please skip to question #5

If you answered NO to both question #1 & question #2, please skip to question #8

3. In which geographic area(s) would you be interested in mentoring, please check all that apply?
 - a. Within your County
 - b. Within your Region
 - c. Other: Please Specify _____

4. What subject area(s) are you comfortable mentoring on, please check all that apply?
- a. Assessment Administration
 - b. Exemptions
 - c. Valuation
 - d. RPSV4
 - e. All of the Above
 - f. Becoming an Executive Board Member
 - g. Other: Please Specify _____

5. What type of mentoring would you be interested in?
- a. Traditional – where there is one mentor and one mentee
 - b. Flash – a onetime meeting where experience is passed on
 - c. Reverse –Computer Savvy Mentor to Assist a Non-Computer Savvy Mentee

6. How long would you like the mentoring relationship to last?
- a. Up to One (1) year
 - b. 1-2 Years
 - c. 2 + Years
 - d. As needed

7. How often would you be interested in having contact with your mentor/mentee?
- a. Weekly
 - b. Monthly
 - c. Quarterly
 - d. As Needed

8. Have you ever been a mentor or a mentee? If yes, please provide any thoughts or helpful hints you have from the experience.
- _____
- _____
- _____

9. Please provide any additional thoughts you have to help in the mentoring process.
- _____
- _____
- _____