

## SENIOR OPTIONS SPONSOR INFORMATION

I am interested in sponsoring a Senior Options intern and would be happy to speak with a student about a possible placement. I agree to this information being placed on the Senior Options website database.

Name of Business or Organization: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

Title: \_\_\_\_\_

Mr.  Ms.  Mrs.  Dr.  Rev.

Work Phone: \_\_\_\_\_

Area Code

Number

Extension

Cell Phone: \_\_\_\_\_

Area Code

Number

Extension

E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of organization: \_\_\_\_\_

Number of seniors you can actively supervise: \_\_\_\_\_

Describe opportunities, areas to observe, and hands-on work/responsibilities of any future mentees: \_\_\_\_\_

Describe any other tasks a mentee may be asked to do: \_\_\_\_\_

Indicate any special background or prerequisites for position: \_\_\_\_\_

*Please provide the requested information and forward to:*

Mr. David Greene  
Senior Options Coordinator  
Scarsdale High School  
1057 Post Road, Scarsdale, NY 10583  
[dgreene@scarsdaleschools.org](mailto:dgreene@scarsdaleschools.org)

(914) 721-2482

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