

Raising HOPE Application



Women Mentoring Women to Success
RAISING H.O.P.E
 Help • Opportunity • Passion • Empowerment

Name		Date of Birth
Address		
NY	Zip:	
Mailing Address (if different)		
		Work Phone:
		Cell Phone:
NY	Zip:	
Email Address:		
Referred By:		
Emergency Contact Name:		
Home/ Work Phone:		
Cell Phone:		
I understand that:		
<ol style="list-style-type: none"> 1. I am in no way obligated to participate in Raising HOPE. 2. Raising HOPE is not obligated to make a mentoring match. 3. The references I have listed may be contacted by phone 4. As part of the Raising HOPE enrollment process, I will be asked additional personal information prior to Raising HOPE making a recommendation for assignment. 		
Signature: _____		Date: _____
Complete online or Fax to 845-331-4789 or mail to: Raising HOPE, C/O United Way of Ulster County, 450 Ulster Ave., Kingston, NY 12401		

Raising HOPE - Women Mentoring Women to Success
 Judith Bromley ~ Cell: 845-559-5656 ~ Email: jrbromley.projecthope@gmail.com

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Education: Include school/ dates attended/level obtained

Work History : Employer/ dates of employment/ job description

1.
2.
3.

Organizations You Belong To: Community, Religious, Professional, Volunteer

Please tell us why you would like to become a Mentor or a Mentee (Goals/ Dreams/ Expectations)

Hobbies/ Interests/ Sports

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Are there any challenges that exist that could impact your participation in this year-long program?
What would help make a good match for you? (Language, cultural issues, disabilities, etc.)
References: Please provide us with three persons that we can contact: Employer/ Co-worker; Friend for at least a year; Close family member (spouse/ domestic partner or a second friend who has known you for at least 3 years)
1. Name: Phone: Relationship:
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