



Raising HOPE Application

Please check one: Mentor Mentee

Name		Date of Birth
Address		
NY	Zip:	
Mailing Address (if different)		
		Work Phone:
		Cell Phone:
NY	Zip:	Home Phone:
Email Address:		
Referred By:		
Emergency Contact Name:		
Home/ Work Phone:		
Cell Phone:		



Raising HOPE - Women Mentoring Women to Success

Judith Bromley ~ Cell: 845-559-5656 ~ Email: jbromley@ulsterunitedway.org
 450 Albany Avenue, Kingston, NY 12401 • ulsterunitedway.org



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Please check one:

Mentor

Mentee

I understand that:

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: _____

Education: Include school/ dates attended/level obtained



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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)



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Hobbies/ Interests/ Sports

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.)



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Please check one: Mentor Mentee

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:
1. Name:	Phone:	Relationship:
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Complete online or

Fax to 845-331-4789 or mail to:

Raising HOPE, C/O United Way of Ulster County, 450 Albany Avenue, Kingston, NY 12401



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