



## Raising HOPE Application

Please check one:  Mentor  Mentee

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



### Raising HOPE - Women Mentoring Women to Success

Amy Summers • 845-331-4199, ext. 4 • Email: [asummers@ulsterunitedway.org](mailto:asummers@ulsterunitedway.org)  
 450 Albany Avenue, Kingston, NY 12401 • [ulsterunitedway.org](http://ulsterunitedway.org)



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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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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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1. Name:	Phone:	Relationship:

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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