

Project HOPE – a RICH Experience
 Application Form for Mentors and Associates

NAME	Date of Birth:
ADDRESS	
Mailing Address if Different:	
EMAIL ADDRESS:	WORK PHONE:
	HOME PHONE
	CELL:
REFERRED BY:	SOCIAL SECURITY #:
EMERGENCY CONTACT INFORMATION:	
Name:	
Home/Work Phone:	
Cell:	
EDUCATION: Schools/ dates of attendance/level attained	
WORK HISTORY – Employer – dates of employment - job description	
1)	
2)	
3)	

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ORGANIZATIONS YOU BELONG TO: Community, Religious, Professional, Volunteer
HOBBIES/INTERESTS/SPORTS
PLEASE TELL US – BRIEFLY- WHY YOU WOULD LIKE TO BECOME A MENTOR OR ASSOCIATE (Goals/Dreams/Expectations, etc.)
ARE THERE ANY CHALLENGES THAT EXIST THAT COULD IMPACT YOUR PARTICIPATION IN THIS YEAR-LONG PROGRAM?

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WHAT WOULD MAKE A GOOD MATCH FOR YOU? (Language, cultural issues, disabilities, etc.)		
REFERENCES: PLEASE PROVIDE US WITH 3 PEOPLE THAT WE CAN CONTACT: Employer/Co-worker or friend for at least 2 year; and close family member (spouse/domestic partner or a 2 nd friend who has known you for at least 3 years)		
Name:	Phone:	Relationship
Name:	Phone:	Relationship
Name:	Phone:	Relationship
NOTE ; SUBMISSION OF THIS APPLICATION PROVIDES PERMISSION TO SPEAK WITH REFERENCES		

Please Complete this Application no later than _____ . Return by email/ mail/fax to:

:
Judith Bromley, Project Hope Coordinator
Judith.jfs@gmail.com

Jewish Family Services of Ulster County, Inc.
411 Development Court, Kingston, NY 12401
Jfs.ulster@gmail.com
845-338-2980 (phone) 845-331-4875 (fax)

I understand that: 1) The references I have listed may be contacted by phone; 2) I am in no way obligated to participate in Project HOPE; 3)The information I provided may be used to conduct a background check, to include driving records, criminal background, 4) Project HOPE is not obligated to make a mentoring match, 5) As part of the Project HOPE enrollment process, I will be asked additional personal information prior to Project HOPE making a recommendation for assignment.

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY: Interview Date _____