



UNITED BY HOPE MENTORING PROGRAM MENTEE APPLICATION

Personal Information

- Full Name: _____
- Date of Birth: _____ (Month) _____ (Day) _____ (Year)
If the Mentee is under 18, a parent/guardian must approve and sign this application.
- Phone Number: _____
- Email Address: _____
- Home Address: _____
- City: _____ State: _____ Zip: _____
- Occupation: _____
- Marital Status: ____Single ____Married
- Children: ☐ Yes ☐ No (If applicable, include names and ages)
 - _____ / _____
 - _____ / _____
 - _____ / _____

Background & Interests

1. How did you hear about Ladies United by Hope Mentoring Program?

2. Have you participated in a mentoring program before? If so, please describe your experience. ☐ Yes ☐ No

3. Why do you want to participate in this program? What are your goals and expectations?

4. Describe your relationship with God. How would you like to grow spiritually?

5. What challenges are you currently facing in your life?

6. What areas of your life would you like to focus on during the mentoring process?
(e.g., personal development, faith, family, career, relationships, health, etc.)

7. What are your hobbies or interests?

8. What are your strengths?

Availability & Commitment

1. **Are you willing to commit to meeting with a mentor regularly for a minimum of 6 months?** ☐ Yes ☐ No

2. **What is your preferred method of communication?**

☐ Phone ☐ Email ☐ Text ☐ In-person ☐ Video call

3. **What days/times are you available to meet with a mentor?**

Mentor Preferences

1. Do you have a preference for a mentor's age, background, or experience? If yes, please specify. ☐ Yes ☐ No

2. Are there any specific qualities you are looking for in a mentor?

Additional Information

Is there anything else you want us to know to help us match you with a mentor?

Signature & Agreement

I understand that submitting this application does not guarantee placement in the Ladies United By Hope Mentoring Program. By signing below, I acknowledge that I am applying to be a mentee in the program and agree to commit to the program's guidelines and duration if accepted.

Please check one of the following:

☐ The Mentee is over 18.

☐ The Mentee is under 18. I, as the parent/guardian, give my permission for this youth to participate in the Ladies United By Hope Mentoring Program.

Signature: _____ **Date:** _____

Phone: _____ **Email:** _____