



# UNITED BY HOPE MENTORING PROGRAM MENTEE APPLICATION

## Personal Information

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)
- 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?

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

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

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

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

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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.)

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7. What are your hobbies or interests?

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8. What are your strengths?

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### **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?

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### **Mentor Preferences**

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

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

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### **Additional Information**

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

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### **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 guidelines and duration of the program if accepted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_