

Hopeworks 'N Camden Mentor Agreement

- I have read the Hopeworks Mentor Guidelines and I agree that I will abide by these guidelines
- I have read the training program for mentors and understand my role as the e-mentor
- I understand that Hopeworks may terminate the mentor/trainee relationship at any time.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Please fax (or mail) signed copy of agreement to along with short biography to:

Hopeworks 'N Camden  
Attn: Kathleen Deitch  
856-365-8734 (fax)

543 State St  
Camden, NJ 08102