



Mentor Application

Bridges of Hope

PO Box 742 | Brainerd, MN 56401 218.825.7682

PERSONAL

Last Name	First Name	MI
Address		
City	State	Zip
Cell Phone	Other Ph.	Email
Are you a year-round resident in the area? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, what months are you available? _____		

EXPERIENCE (LIST TWO MOST RECENT)

1. Employer/Volunteer Exper:		
Address	City	State
Position	Dates	
2. Employer/Volunteer Exper:		
Address	City	State
Position	Dates	

REFERENCES

1. Name			
Relationship to you			
Address	City	State	Zip
Phone			
How long have you known this person?			
2. Name			
Relationship to you			
Address	City	State	Zip
Phone			
How long have you known this person?			

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Please answer the following questions:

- | | | |
|--|-----|----|
| 1. Can you make an initial commitment to participate in the Side by Side mentoring program for 1 year from the first meeting date? | Yes | No |
| 2. Are you able to participate 3-5 hours per month (attending meetings, interacting with Participants and other Mentors, communication with Bridges staff, etc.)? | Yes | No |
| 3. Are you willing to communicate regularly and openly with Bridges of Hope program staff, complete monthly activity reports, and receive feedback regarding any challenges or difficulties during your participation? | Yes | No |
| 4. Are you willing to attend an initial two-hour orientation session, as well as annual "refresher" orientation sessions? Yes No | Yes | No |
| 5. Are you available on the evening of the 3rd Monday of each month? | Yes | No |
- Any comments you'd like to add about your answers above:*

Please attach another sheet of paper for the following questions:

6. Tell us a little about yourself, your background, interests & hobbies.
7. Why do you want to be involved in Side by Side? What interests you most about the program?
8. What gifts, skills, experiences or other attributes make you a good Mentor candidate?
9. How would your friends, family and co-workers describe you?

My signing below, I am indicating that all information is true and correct to the best of my knowledge.

Signature

Date

Please return completed application to: Bridges of Hope

Mail: PO Box 742 Brainerd MN 56401

Fax: 218.825.9131

Email: michelle@bridgesofhopemn.org