

APPLICATION FOR DRUG COURT MENTORS

Thank you for your interest in becoming a mentor in the Columbia BRIDGE Program. Please complete the application and return by email or fax.

NAME: _____ D.O.B.: _____

TELEPHONE: _____

EMAIL: _____

EMPLOYER: _____

MENTORS ARE NOT REQUIRED TO ATTEND EVERY SESSION OF DRUG COURT BUT WE WOULD LIKE MENTORS TO ATTEND SOME STAFFING SESSIONS (APPROX. ONE HOUR) AND OTHER EVENTS. WOULD YOU BE ABLE TO ATTEND:

YES [] NO []

PLEASE SPECIFY THE BEST DAY(S) OF THE WEEK AND TIME(S) IN WHICH YOU COULD MEET WITH A PARTICIPANT:

PLEASE RETURN TO:

Drug Court Mentor Program
c/o Federal Public Defender's Office
1901 Assembly St., Ste 200
Columbia, SC 29201
Fax: (803) 765-5084
Email: Kristin_burt@fd.org