

## Mentorship Application Form

Thank you for your interest in becoming a mentor! Please answer the following questions. After receipt of this one page form, a member of the BRIDGE team will be in contact with you shortly.

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

BEST PHONE # TO CONTACT YOU: \_\_\_\_\_

BEST EMAIL TO CONTACT YOU: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

PRACTICE AREA(S): \_\_\_\_\_

\_\_\_\_\_

ANY SPECIFIC AREA(S) IN WHICH YOU WOULD LIKE TO ASSIST A BRIDGE PARTICIPANT (Check all that apply.)

Job applications

Interviewing skills

Obtaining GED

Healthy living

Debt/credit issues

Other (please specify): \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

ARE YOU ABLE TO ATTEND DRUG COURT (at least in the beginning) ON TUESDAYS AT 3:00pm (staffing at 3:00; court at 4:00 - lasts approx. one hour)?

Yes

No

PLEASE LIST THOSE AREAS MOST CONVENIENT FOR YOU TO MEET WITH A PARTICIPANT (Check all that apply.)

Downtown

Mt. Pleasant

North Charleston

West Ashley

Summerville

Beaufort

Ridgeland

Other (please specify): \_\_\_\_\_