



THE BRIDGE WOMEN'S MENTEE APPLICATION

NAME: _____ NICKNAME: _____

ADDRESS: _____

BEST MENTOR CONTACT PHONE NUMBER: _____

AGE: _____ MARITAL STATUS: _____

KIDS & THEIR AGES: _____

HAVE YOU COME TO FAITH IN JESUS? _____ IF SO, PLEASE DESCRIBE HOW AND WHEN: _____

HOW OFTEN DO YOU READ YOUR BIBLE? _____ PRAY? _____
ATTEND CHURCH? _____

HAVE YOU EVER BEEN IN A MENTORING RELATIONSHIP BEFORE? _____ IF SO, PLEASE DESCRIBE YOUR EXPERIENCE: _____

WHY DO YOU WANT TO BE MENTORED?

WHAT DO YOU HOPE TO GET OUT OF THE MENTORING RELATIONSHIP?

DO YOU HAVE ANY DISABILITIES, MENTAL HEALTH ISSUES, OR EMOTIONAL DIFFICULTIES OF WHICH YOU WANT YOUR MENTOR TO BE AWARE? _____ IF SO, AND **IF YOU WISH TO SHARE**, PLEASE PROVIDE THE INFORMATION YOU FEEL IS IMPORTANT FOR MENTOR MATCHING.

WHAT AGE RANGE WOULD YOU PREFER FOR YOUR MENTOR? _____

DESCRIBE YOUR IDEAL MENTOR:

WHAT IS YOUR CURRENT SCHOOL OR WORK SITUATION?

WHAT VOLUNTEER ACTIVITIES HAVE YOU AND DO YOU PARTICIPATE IN?

WHAT QUALITIES OR PERSONAL ATTRIBUTES ARE YOUR STRENGTHS?

WHAT QUALITIES OR PERSONAL ATTRIBUTES ARE YOUR WEAKNESSES?

WHAT ARE SOME THINGS YOU LOVE TO DO?

HAVE YOU EVER BEEN INDICTED OR CONVICTED OF ANY CRIME? PLEASE EXPLAIN:

WHAT IS YOUR STATUS NOW?

IS THERE ANY SPECIAL PERSONAL OR FAMILY HISTORY YOU FEEL IS IMPORTANT FOR YOUR MENTORING RELATIONSHIP?

WHAT PERSON IN YOUR LIFE DO YOU ADMIRE MOST AND WHY?

IF YOU COULD CHANGE SOMETHING ABOUT YOURSELF, WHAT WOULD YOU CHANGE AND WHY?

IS THERE ANYTHING ELSE YOU WOULD LIKE TO TELL US ABOUT YOURSELF OR YOUR DESIRES TO HELP US FIND THE BEST MENTOR MATCH FOR YOU?

HOW OFTEN WOULD YOU LIKE TO MEET WITH YOUR MENTOR?

WHAT DAYS AND TIMES DO YOU PREFER FOR MENTORING?

WHAT DAYS AND TIMES ARE YOU UNAVAILABLE FOR MENTORING?

PARENT/GUARDIAN PERMISSION STATEMENT

FOR PARTICIPANTS UNDER 18 YEARS OF AGE, PLEASE HAVE A PARENT/GUARDIAN COMPLETE THE FOLLOWING:

I, _____ (NAME OF PARENT/GUARDIAN), GIVE MY CONSENT FOR THE BRIDGING WOMEN MENTORING MINISTRY TO MATCH MY CHILD, _____ (NAME OF PARTICIPANT/CHILD), WITH A STUDENT OR ADULT ATTENDING THE BRIDGE CHURCH. **IN CONSIDERATION OF THE PARTICIPATION OF THE BRIDGING WOMEN MENTORING MINISTRY, THE UNDERSIGNED AGREES THAT THE BRIDGE CHURCH, ITS AGENTS AND ITS EMPLOYEES SHALL BE RELEASED AND EXEMPT FROM ANY LIABILITY FOR DAMAGES FOR BODILY INJURIES OR PROPERTY DAMAGES THAT MAY OCCUR AS A RESULT OF PARTICIPATION IN A BRIDGING WOMEN MENTORING MINISTRY ORGANIZED EVENT, EXCEPT TO THE INSURANCE LIABILITY AS PROVIDED BY LAW.**

PARENT/GUARDIAN SIGNATURE _____

PRINTED NAME: _____ DATE _____