



**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?  Yes  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? \_\_\_\_\_

**Please answer the following questions:**

- |  |     |    |
|--|-----|----|
| 1. Can you commit to participating in the Side by Side mentoring program for a minimum of 6 months from the first meeting date?  | Yes | No |
| 2. Are you able to participate 3-4 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**

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**Please return completed application to: Bridges of Hope**

**Mail:** PO Box 742 Brainerd MN 56401

**Fax:** 218.825.9131

**Email:** info@bridgesofhopemn.org, Attn. Holly