



Mentorship Program Application Form

If you would like to participate either as a mentor or mentee, please fill out the following form. Information will be kept confidential and will only be shared with Brand Your Purpose Executives.

Name: _____

School: _____

School Address: _____ Email: _____

School Phone #: _____ Cell: _____

Interest:

- I want to be a mentor
- I want to be a mentee

Please indicate learning goals you would have for this mentoring relationship:

1. _____
2. _____
3. _____

Are you willing to commit to 1-2 hours every month for at least one year? Yes No

Have you completed a background check? Yes No

Are willing to travel to meet with mentor/mentee at least twice in a year? Yes No

Do you have previous experience with working with foster children? Yes No

If yes, please describe your experience

Work History (from most recent employment, last three positions):

<u>School</u>	<u>Position held</u>	<u>Dates</u>
1.		
2.		
3.		

Educational Background (from most recent school, last three schools):

<u>School</u>	<u>Degree</u>	<u>Dates</u>
1.		
2.		
3.		

Why are you interested in the program?

By completing this application form, you agree to the goals and purpose of the mentoring program. Bridge Builders Family & Children Services/ Brand Your Purpose encourages an open exchange of information and ideas between members participating in the program. However, Bridge Builders Family & Children Services/ Brand your Purpose cannot and does not review such communications and does not guarantee or endorse the accuracy of any information exchanged between mentor and mentee. You agree that you will participate in the mentor program in a manner consistent with the Bridge Builders Family & Children Services/ Brand Your Purpose Mission and its constitution. You further agree to completely release Bridge Builders Family & Children Services/ Brand Your Purpose, and its directors, from all claims, judgments, demands, liabilities, and actions that you may have arising out of, or in any way relating to, your participating in the mentorship program.

I agree with the above terms, conditions, and goals of the mentor program.

Signature

Date



BB/ BYP Executive ONLY

Member in good standing?

Yes No

Approved for program?

Yes No

BB/BYP Exec. (Name): _____