



BRIDGES Mentee Application (turn in by June 3 to school counselor)

Applicant's First & Last Name: _____ Date: _____

Parent/Legal Guardian's First and Last Name/s: _____

Mailing Address: _____ Current Grade: ____ DOB: _____

_____ Race/Ethnicity: _____

School: _____ Gender: _____

Applicant Email: _____ Applicant Cell phone: _____

Parent/Legal Guardian Email/s: _____

Parent/Legal Guardian Cell/s: _____

Preferred Method of Communication (CIRCLE ONE): Cell Text Email

Identify any interests, hobbies, or activities you enjoy:

In which areas would you benefit most from being paired with a mentor (CIRCLE all that apply):

Someone to talk with Encouragement Gaining perspective

Personal Growth Service Direction/Goal setting Accountability

Positive Outlook Academic Growth Safe place for me to talk

Other: _____

Describe the personality traits of a person or people with whom you get along well (CIRCLE all that apply):

Listener Wise Deep thinker Encouraging Energetic

Imaginative Athletic Adventurous Outgoing Reserved

Free spirited Funny Sarcastic Intelligent Talkative

Organized Confident Outspoken Humble Quiet

Other: _____

(TURN OVER)



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Complete the prompts below. No answer is right or wrong.

I really feel connected (like someone 'gets me') when _____

I feel angry or frustrated when _____

I am really happy or excited when _____

A job or task that I really like is _____

I feel hurt when _____

Please include any other additional information you would like a potential mentor to know about you:

List any allergies, asthma, or other medical related conditions below:

Please note any involvement with social services or judicial system:

***Please return this application to your School Counselor by Monday, June 3.**

If you have any questions about this program or application form, please email or call:

Erin Ellis

Prevention Director

Bacon Street Youth and Family Services

eellis@baconstreet.org

(757)253-0111