

Please fill out form completely and return to the bridge project attention Virago Mentee Application

Return via email at ​tracy@thebridgeprojectnh.org

or snail mail at 264 Main Street

Lincoln, NH 03251

**Mentor Application ​​Date:** Click here to enter text.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | Click here to enter text. | | | | | Date of birth: | Click here to enter text. |
| Address: | Click here to enter text. | | | | | | |
| Phone Number: | | Click here to enter text. | | | Email: | Click here to enter text. | |
| Best Method of Contact: | | | | Click here to enter text. | | | |
| Current Occupation: | | | Click here to enter text. | | | | |
| *Why would you like to become a Virago mentor?* | | | | | | | |
| Click here to enter text. | | | | | | | |
| *What is the number one thing you would like to get out of this mentorship program?* | | | | | | | |
| Click here to enter text. | | | | | | | |
| *What are your passions/interests?* | | | | | | | |
| Click here to enter text. | | | | | | | |
| *What could you share with your mentee?* | | | | | | | |
| Click here to enter text. | | | | | | | |
| *What are some of (in any) major challenges you have had to overcome in your life that could be beneficial to pass on to a mentee?* | | | | | | | |
| Click here to enter text. | | | | | | | |
| *What does “mentorship” mean to you?* | | | | | | | |
| Click here to enter text. | | | | | | | |
| *Anything else you would like to tell us?* | | | | | | | |
| Click here to enter text. | | | | | | | |