

THE BRIDGE MISSION

To provide a place where all students are safe, loved, and valued, surrounded by caring community members who introduce them to Christ's love in all that they do.

PURPOSE

The program provides a chance for mentors to meet with your student once per week during the lunch hour. They focus on building a trusting relationship to help your student set positive goals, help with academics, and introduce a community that cares.

WHAT HAPPENS

Mentors schedule a regular time during the lunch hour to meet with students on a weekly basis. Mentoring pairs eat lunch together, discuss important events happening at school and in life, solve problems, and play games together. Mentors follow up with school staff, as necessary, to share positives and concerns and to advocate for growth opportunities.

PERKS OF IN SCHOOL MENTORING

- An awesome mentor that cares and is invested their student.
- An advocate for your student's academic and social wellbeing
- A consistent, positive relationship with a caring adult.

CONTACT US

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CONTACT SHEET

STUDENT

Student Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Student Phone: _____ Circle: Home/Cell

Student Email: _____

School _____ Grade: _____ Birthdate: _____

Do You Attend a Church: Y or N (Circle)

If Yes, Which Church? _____

GUARDIAN

Parent/Guardian 1: _____

Parent/Guardian Phone: _____ Circle: Home/Cell/Work

Parent/Guardian Email: _____

Parent/Guardian 2: _____

Parent/Guardian Phone: _____ Circle: Home/Cell/Work

Parent/Guardian Email: _____

EMERGENCY

Emergency Phone: _____

Name: _____

Relationship: _____



PARENTAL WAIVER

By signing this agreement, you agree to the permissions listed below.

I _____, consent to:

1. Allow designated staff or volunteers from the Bridge to meet with _____ (student name) at school for mentoring.
2. Provide permission for staff and AmeriCorps members to communicate with school staff regarding educational purposes and to fill out surveys regarding classroom behavior as it relates to my child.
3. Grant permission to allow survey information, both from teachers and my student, to go into The Bridge's database and be shared with AmeriCorps reporting services.

Parent/guardian signature: _____ Date: _____

