

SIDE BY SIDE



MENTORING

MENTEE APPLICATION

CONTACT INFORMATION

Name: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Church: _____

E-mail: _____ Phone: _____

How would you describe your relationship with God?

- Not Sure New
 Growing Mature in Christ

How would you describe your bible knowledge?

- None/I'm new to the Bible
 Fairly familiar
 Very familiar

Have you been mentored before?

- Yes No

I am available to meet (rank by preference 1 or 2)

___ Once a month ___ Twice a month

I prefer to meet (rank by preference 1, 2 or 3)

___ Mornings ___ Afternoons ___ Evenings

Best days to meet (rank by preference 1 through 7)

___ Sun ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri
___ Sat

I am.... (check all that apply)

- Married; Spouse's name: _____
 Single
 A Mom; Ages of children:

 Divorced
 Widowed
 Student
 From another country; Native language is

 Working
 o Full Time
 o Part Time
 o From Home
 Retired from the workforce
 A military family
 In a season of _____
_____.

Do you have any specific mentoring needs? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Grief | <input type="checkbox"/> Adoption |
| <input type="checkbox"/> Abortion | <input type="checkbox"/> Forgiveness |
| <input type="checkbox"/> Infertility | <input type="checkbox"/> Singleness |
| <input type="checkbox"/> Parenting | <input type="checkbox"/> Health Issues |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Marital Issues |
| <input type="checkbox"/> Adapting to the country | <input type="checkbox"/> Biblical Friendships |
| <input type="checkbox"/> Children's education | <input type="checkbox"/> Budgeting/Financial Advising |
| <input type="checkbox"/> Living with an Unbelieving Spouse | <input type="checkbox"/> Other: _____ |

In what ways would you like to grow spiritually? _____
_____.

Do you have any passions, interests, or life experiences that would help us in matching you with a mentor? If so, please explain. _____

_____.

Please share any other personal or background information you feel would be helpful in making a mentoring match. Feel free to use this space to further explain checked options from the "I am" section.

_____.

(Optional) Do you have someone in mind you want as your mentor? We will make every effort to accommodate your preference but cannot guarantee a match. You may list up to 3 preferences.

_____.

I read and agree with the Mentee Role Description

Yes No

Signature: _____ Date: _____