

SIDE BY SIDE



MENTORING

MENTOR APPLICATION

These forms will be kept confidential and only be seen by the Side-By-Side Leadership Team

CONTACT INFORMATION

Name: _____ Birthdate: _____

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

Home Church: _____

E-mail: _____ Phone: _____

Briefly give your testimony of your faith in Jesus 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
 - Full Time
 - Part Time
 - From Home
- Retired from the workforce
- A military family
- In a season of _____.

Do you have any specific life experiences that you can speak to as a mentor? 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"/> Other: _____ |
| <input type="checkbox"/> Living with an Unbelieving Spouse | |

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

Please share any other personal or background information you feel would be helpful in making a mentoring match.

I read and agree with the Mentor Role Description

- Yes No

Signature: _____

Date: _____