



Ladies' Mentoring Mentor Application

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Single Married Divorced Widowed

Date of Birth: _____

Age: Less than 18 18-24 25-34 35-44 45-54 55-64 65+

Number and Ages of Children: _____

Work: Full time Part time Stay at Home Retired

Occupation: _____

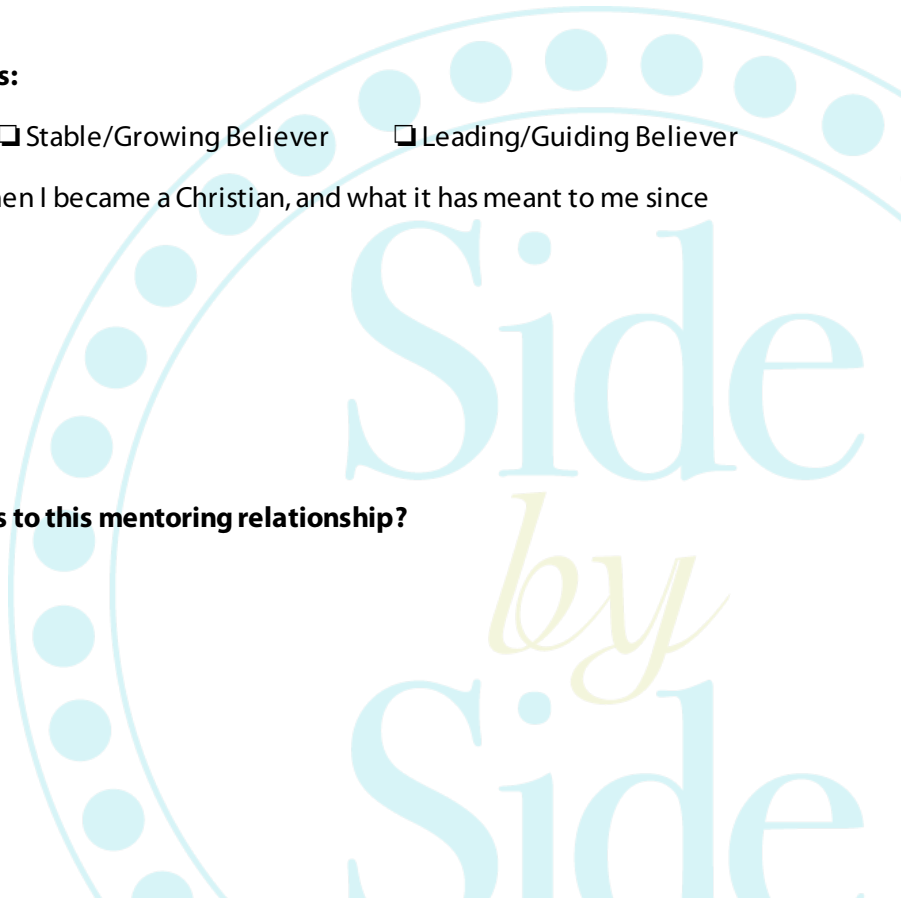
Past Work Experience: _____

I would describe my Spiritual Maturity as:

Seeker New/Young Believer Stable/Growing Believer Leading/Guiding Believer

Spiritual Experiences. This is how and when I became a Christian, and what it has meant to me since then:

What are your spiritual goals as it relates to this mentoring relationship?



Mentors come with a host of life experiences they have dealt with personally or with close family members and friends. If you are comfortable sharing, what experiences has God used in your life to prepare you to be a mentor? (These will be kept confidential)

- | | |
|---|---|
| <input type="checkbox"/> Raised kids | <input type="checkbox"/> Managed a career |
| <input type="checkbox"/> Infertility issues | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Suffered depression | <input type="checkbox"/> Recovered from an addiction |
| <input type="checkbox"/> Struggled w/eating disorder | <input type="checkbox"/> Blended families |
| <input type="checkbox"/> Abortion | <input type="checkbox"/> Completed college |
| <input type="checkbox"/> Experienced thriving relationship with God | <input type="checkbox"/> Family member died (relationship: _____) |
| <input type="checkbox"/> Family member w/drug/alcohol problem (relationship: _____) | <input type="checkbox"/> Had a miscarriage |
| <input type="checkbox"/> Had a prodigal | <input type="checkbox"/> Special needs child |
| <input type="checkbox"/> Successful marriage | <input type="checkbox"/> Maintained positive self-image |
| <input type="checkbox"/> Experienced abuse | <input type="checkbox"/> Infidelity & reconciliation w/spouse |
| <input type="checkbox"/> Health issues | <input type="checkbox"/> Went through a divorce |
| <input type="checkbox"/> Lost a child | <input type="checkbox"/> Empty Nester |
| <input type="checkbox"/> Achieved career goals | <input type="checkbox"/> Other _____ |

Favorite hobbies, activities, pastimes?

What are some special strengths or abilities you might bring to a mentoring relationship?

- | | |
|---|--|
| <input type="checkbox"/> Entertaining or hospitality skills | <input type="checkbox"/> Graphics or Design |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Decorating Ability |
| <input type="checkbox"/> Homemaking | <input type="checkbox"/> Planning or Organizing |
| <input type="checkbox"/> Resourcefulness or Frugality | <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> Craftwork or Sewing | <input type="checkbox"/> Counseling or Support |
| <input type="checkbox"/> Recruiting or Motivating | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Career Development | <input type="checkbox"/> Speaking |
| <input type="checkbox"/> Career Guidance | <input type="checkbox"/> Repairing or Mechanical Operating Ability |
| <input type="checkbox"/> Business Development | <input type="checkbox"/> Landscaping / Gardening Ability |
| <input type="checkbox"/> Leadership Development | <input type="checkbox"/> Flower Arranging |
| <input type="checkbox"/> Planning / Project Management | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Researching | |
| <input type="checkbox"/> Artistry | |

What time of the week are you most free to get together?

- Daytime Evening Once a week Twice a month Phone/prayer support only

Are you interested in mentoring more than one person? Yes No

Do you have someone in mind or have you spoken with someone about mentoring them?

Any other comments that would help us in making a match?