

Mentee Application

Date: _____

Name _____ Birth date ____/____/____ Age _____

Address _____ City _____ Postal Code _____

Home Phone _____ Email _____

Occupation _____ Business Phone _____

Single Engaged Married (# yr.____) Blended Family Divorced (# yr.____) Widowed (# yr.____)

Spouse's Name _____ Birth date ____/____/____ Age _____

Children's Ages (M) _____ (F) _____ Grandchildren's Ages (M) _____ (F) _____

Stepchildren's Ages (M) _____ (F) _____ Living with you? No Yes Fulltime Part time

Have attended Foothills Alliance Church since _____ Accepted Christ ____/____/____ Rededicated Life ____/____/____

I do not have a church home but come to Foothills Alliance to attend the following program(s) _____

Hobbies, Interests, Gifts: _____

Why do you feel it would be helpful to you to have a Mentor? _____

I understand that I would be committing to a six month relationship with the goal to be in regular contact with my mentor for a six month period. The main focus would be growth in our relationship with God and each other.

Describe the experiences or characteristics of people whom you think would be the best type of mentor for you: _____

Please describe what you desire in a mentoring relationship, why you would like someone to journey with you at this stage in your life, and any other personal or background information you feel would be helpful in making a mentoring match.

Please continue on back if extra space is needed. Share any personal or background information that you feel would be helpful in making a mentoring match. Return to church office or Pastor Carla. Thank you and blessings!