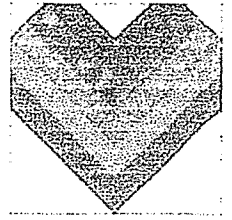


Women of Grace Mentoring Ministry Mentee Application



(Please Print)

Date: _____

Name _____ Birthday _____ Age _____

Address _____ City _____ Zip _____

Home Phone _____ Cell _____ Email _____

Employer _____ Student At _____

Single _____ Engaged _____ Married _____ #of Years _____

Blended family _____ Divorced _____ # of Years _____ Widowed _____

Spouse's name _____ Birthday _____ Age _____

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

Step Children Ages (M) _____ (F) _____

Living with you? Yes _____ No _____

I have attended Grace Bible Church Since: _____.

If another church, please specify: _____.

Please what belief in Christ means to you: _____

Do you have a special area of need that would help us as we match you with a Mentor? Explain Briefly:

(Over Please)

Name _____ Date _____

I would like to be matched with : _____ (optional)

The best time for me to meet with my mentor would be:

Mornings _____ Afternoons _____ Evenings _____ Weekends _____

What I hope for in a Mentoring relationship.

Hobbies/Interests/Gifts _____

Please feel free to share any other personal background information that you feel would be helpful in making a mentoring match: _____

“I agree to a firm commitment of meeting regularly with the Mentor I am matched with. I desire to develop a Godly friendship with her and learn to grow spiritually and personally through that relationship”

Signature _____

Date _____

Titus 2:3-5 ³ the older women likewise, that they be reverent in behavior, not slanderers, not given to much wine, teachers of good things— ⁴ that they admonish the young women to love their husbands, to love their children, ⁵ to be discreet, chaste, homemakers, good, obedient to their own husbands, that the word of God may not be blasphemed.

Questions? Please call GBC @ 406.586.9782 Ext 0
Please drop form off at GBC office