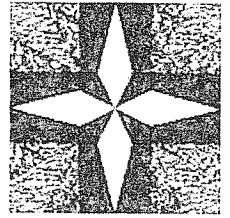


Women of Grace Mentoring Ministry Mentor Application



Titus 2:3-5

(Please Print)

Date: _____

Name _____

Address _____ City _____ Zip _____

Birthday _____ Age _____

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 am a member of Grace Bible Church Since: _____. I placed my trust in Christ on ____/____/____

Please state what belief in Christ means to you:

Hobbies/Interests/Gifts _____

What I hope for in a Mentoring relationship:

"I want to be a mentor and desire to build a Godly relationship with my Mentee by speaking Biblical truth into a woman spiritually younger than myself. I commit to meeting regularly with my Mentee"

Signature _____

Date _____

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