

Women of Grace Mentoring Ministry

Titus 2:3-5



Mentee Application (Please Print)

Date _____

Name _____ Birthdate _____ Age _____

Address _____ City _____ Zip _____

Cell phone _____ Home phone _____ Email _____

Employer _____ Student at _____

Single ___ Engaged ___ Married ___ # of years married ___ Blended family ___ Divorced ___ Widowed ___

Spouse's name _____ Spouse's age _____

Children's names and ages _____

Living with you? _____

I have attended Grace Bible Church since _____

If another church, please specify _____

Please state what "belief in Christ" means to you:

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

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

SUN _____ times: _____

MON _____ times: _____

TUES _____ times: _____

WED _____ times: _____

THURS _____ times: _____

FRI _____ times: _____

SAT _____ times: _____

(please turn over)

What I am hoping for in a mentoring relationship: _____

Is there a specific area of need you would like to focus on: _____

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 with which I am matched. I desire to develop a godly friendship with her and learn to grow spiritually and personally through this relationship.”

Signature _____ Date _____

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

Please drop this form off at the GBC office

Questions? Please call Beth Dryden @ 406-600-1990

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