

Women of Grace Mentoring Ministry
Mentee Application (please print)

Date _____

Name _____ Birth Date _____ 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 & Ages _____

_____ Living with you? _____

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: _____

Tue ___ Times: _____ Wed ___ Times: _____

Thu ___ 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 fee would be helpful in making a mentoring match:

“I agree to a firm commitment of meeting regularly with the mentor with whom I am matched. I desire to develop a godly friendship with her and learn to grow spiritually and personally through this relationship.”

Signature _____ Date _____

“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.”
Titus 2:3-5 ESV

**Once completed please drop this form
off at the GBC office.**

Questions or concerns?
Please contact Heidi Summitt at: heidis@gbcmt.org
or by calling the church office at: 406-586-9782 x. 10