

Women of Grace Mentoring Ministry
Mentor 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 _____

Children living with you? _____

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

The best time for me to meet with my mentee 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: _____

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 want to be a mentor and I 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 _____

“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