

MENTORING INFO.

Date: _____

Name: _____ D.O.B. _____

Address: _____

Home ph. _____ Cell _____ Email _____

Occupation: _____ Work ph. _____

single engaged married blended family ever divorced (# of years)
 widowed

Spouse's name: _____ D.O.B. _____

Children's, Stephchildren, Granchildren? _____

Have been a Christian since: _____ Not sure what I believe: _____

Hobbies/Interests: _____

Are you in a homegroup? _____ Other small group? _____

What I desire in a mentoring relationship is: _____

A few things my mentor should know about me: _____

I would prefer one-on-one discipleship

I would like to be mentored with a small group of women

Best day/time availabilities? _____

Frequency? (once per week/month)? _____