

Women in Christ & Women in Community



Women's Mentorship Program Profile Form 2017

Name: _____ Cell Phone #: _____

Spouses Name: _____

Phone #: _____ Email Address: _____

Best time to reach you by phone? _____

Age Group: 18-24 25-32 33-41 42-52 53-62 63-70 71+

Children at home (names/ages): _____

Status: Single Married Widowed Blended Family Divorced

Full-time homemaker Retired

Home-based business – Field of Business _____

Employed full time (outside the home) – Job Title/Description _____

Employed part time (outside the home) - Job Title/Description _____

Briefly describe your salvation experience.

I desire: (NOTE: you may mark both)

To Serve as a Mentor (I would like _____ to be considered as my mentee.)

To Be Matched to a Mentor (I would like _____ to be my mentor if possible.)

I have faced/am facing the following life trials (please list any major life trials that have tested your faith or are testing your faith – use the back if necessary): _____

**Two are better than one, for they have a good return for their work;
if one falls down his friend can help him up. Ecclesiastes 4:9**

(Mentors) I have the following life skills to share with others: _____

What are you looking for in a mentoring relationship?

Interests, hobbies, talents, desires, needs, hopes and passions! (what should we know about you)

I would be willing to offer guidance with:

- Christian Community Life
- Finances
- Marriage
- Parenting
- Spiritual Growth
- Prayer Life
- Bible Study
- World View – Outlook – Life Perspective
- Overcoming Fear
- Balance in Life
- Health & Healing – Physical and or Emotional
- Addiction & Abuse
- Divorce

I am interested in guidance with:

- Becoming an active part of the Body of Christ
- Finances
- Marriage
- Parenting
- Spiritual Growth
- Prayer Life
- Bible Study
- World View – Outlook – Life Perspective
- Overcoming Fear
- Balance in Life
- Health & Healing – Physical and or Emotional
- Addiction & Abuse
- Divorce

My personal strengths as I see them:


My personal weaknesses as I see them (also, please let us know if there is anything in your life that you feel would interfere with you serving as a mentor, i.e. struggles, weakness, schedule, etc.):

Please add any other information which will help us match you with the best partner, i.e. goals for the year, etc.

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Please place an X on the line where you believe you are currently walking in your faith.

Searching Assertively, New Believer, Stagnant Faith, Experiencing New Life, Growing in Christ, Going Out



Distant Walk Running the Race
for Jesus Christ

Please indicate what times are generally best for you to meet with a mentor/mentee.

Day (hours) _____ Night (hours) _____

Weekends Weekdays

Day of the week _____

Will securing child care be a barrier to your participation in this program? Yes No

Submit this completed form to the church office or give it to Sheri Olson.

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