

Women in Christ & Women in Community

Women's Mentorship Form 2019

Name: _____ Cell/Home Phone #: _____

Spouse's Name: _____ 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 (names/ages): _____

Status: Single Married Widowed Blended Family Divorced

Occupation: _____

Briefly describe your salvation experience.

I desire: (NOTE: you may mark both)

To Serve as a Mentor To Be Matched to a Mentor

If you have someone in mind, I would like to be paired with _____ if possible.

What are you looking for in a mentoring relationship?

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

Please complete the back.

**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**

Indicate what times are generally best for you to meet with a sister in Christ.

- Day (hours)_____ Night (hours)_____
- Weekends Weekdays

Day of the week_____

We are so excited that you have decided to take the first step in this wonderful journey of sisterhood in Christ. If you have any question, feel free to call Crystal Clark (309) 339-5586 or Peggy Johnson (309)737-8441.

Submit this completed form to the church office by December 9, 2018.

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