



Walking with Grace Mentorship Program Application

I wish to be a mentor: _____

I wish to be a mentee: _____

Name: _____

Address: _____

(Street Address) (City) (State) (Zip)

Home Phone: _____ Cell: _____ (texts OK) _____

Email: _____

Independent Bible Church: Member? _____

How Long? _____

Non-Member? _____

Regular Attendee? _____

Have you pursued spiritual growth since your salvation? _____

Do you have a regular time of Bible reading and study? _____

Will you, to the best of your ability and with the guidance of the Holy Spirit, continue to pursue spiritual growth? _____

Please check the following areas in which you would best relate as a mentor/mentee:

For Mentors: Put X beside the areas in which you have the most experience or with which you are willing to share.

For Mentees: Put X beside the areas in which you would best benefit from a mentor with that experience.

Marriage: Separated: ____ Divorce: ____ Child Custody: ____ Remarried: ____ Single: ____

Death: Sudden: ____ Child ____ Parent ____ Spouse ____ Family Member Suicide: ____

Drug Overdose ____

Illness (family member or self): Terminal: ____ Cancer: ____ Chronic: ____

Abuse: Physical: ____ Sexual: ____ Emotional/Verbal: ____

Addiction: Alcohol: ____ Drugs: ____ Pornography: ____ Food: ____

Gambling: ____ Money/Spending: ____

Parenting: Single: ____ Step: ____ Foster: ____ Adoptive: ____

Post Abortion: ____

Working outside home: ____ **Homeschooling:** ____

Other: _____

Important: This information will not be shared with staff or others. It is used discreetly to connect mentors and mentees with shared or similar experiences.

What communication method works best: phone, text, email _____

What would be your best availability time to meet: weekday, weekend, weeknight, flexible _____

