

Name:

Address:

Phones Home:

Cell:

Work:

Email:

Date of Birth:

Are you are married, and if so, how long?

If you have children, what at their names and ages?

If you work outside the home, where do you work?

Type of Mentoring desired:

1:1 Relationship

Small group (3 mentees:1 mentor)

Either is fine with me

Why do you desire to be in a mentoring relationship? What do you hope to gain? What are your expectations of a mentor?

Please give a brief summary of your testimony, including where you are today.

Focus of Mentoring Group desired: (1st and 2nd choice)

Accountability Questions/Topics

Topical Book Study

Structured Bible Study: New Christian/Basic Other

___ Yes, I can commit to meeting with my mentor (individ. or group) every other week for the year.

*We are asking those registering to commit to working out and sticking to a mutually agreed upon schedule.



THANK YOU FOR REGISTERING!

THE WOMEN'S MENTORING LEADERSHIP TEAM
WILL BE PRAYING AND CAREFULLY MATCHING YOU
WITH A MENTOR.

PLEASE PLAN TO ATTEND THE KICK OFF
CELEBRATION IN SEPTEMBER AT CHURCH. IT IS THEN
THAT YOU WILL MEET YOUR MENTOR AND PLAN FOR
THE YEAR.

WOMEN'S MENTORING
REGISTRATION
FORM
MENTEE
2019-2020

PLEASE COMPLETE AND RETURN TO THE CHURCH OFFICE OR TO CHRISTYN DENIAL
BY SEPTEMBER 1ST 2019