

MENTOR APPLICATION

Name _____ Date _____

Street Address _____

City _____ Zip Code _____

Cell Phone _____ Home Phone _____

Occupation _____ Work Phone _____

Email _____ Birthday _____

Church Affiliation _____ How Long? _____

Spouse's Name _____ Anniversary _____

Are you Bilingual? _____

Children living at home:

Name _____ Birthday _____

Name _____ Birthday _____

Name _____ Birthday _____

Brief description of how you became interested in the One by One Program

Any skills/talents/interests that you would like to use in the One by One Ministry?

Please fill out both sides of this form and return it to Your coordinator.

CONFIDENTIAL

How did you come to know the Lord?

What is He doing in your life today?

References: Two needed:

Pastor or other Church Staff:

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Christian Friend:

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

-
- I understand a background check will be made.
 - I understand all information I receive about a mentor or mentee must be kept confidential.

Drivers License # _____

Signature _____ Date _____