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For Office use only

Received:

Action:

*Logo here* **Mentee Application**

 *Equipping, Encouraging, Engaging*

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_

Phone: Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check one: □ Single □ Married □ Divorced □ Widowed

Number and Ages of Children:

Work: □ Full time □ Part time □ At Home □ Retired

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Time: |  | Thursday | Time: |
| Tuesday | Time: |  | Saturday | Time: |
| Wednesday | Time: |  | Sunday | Time: |

Have Attended OCC since:\_\_\_\_\_\_ Member? □ Yes □ No

Accepted Christ as Savior: □ Yes □ No □ Not sure I am in a life group □ Yes □ No

Baptized: □ Yes □ No Read the Bible (How often)\_\_\_\_\_\_

I am uncertain about God but want to know more: □ Yes □ No

Statement of Faith:

What do you hope to get out of your mentoring relationship? (personal and/or spiritual goals)

Mentors come with a host of life experiences they have dealt with personally or with close family members and friends. If possible, would you like us to connect you with a Mentor that has experience in a particular life issue? (These will be kept confidential)

□ Raising kids □ Career concerns

□ Infertility issues □ Financial

□ Eating disorders □ Addiction issues, personal/family

□ Struggles with depression □ Blended families

□ Experiences thriving relationship with God □ Completed College

□ Family member w/drug/alcohol problem □ Family member died (relationship)\_\_\_\_\_\_\_

 (relationship)\_\_\_\_\_\_\_ □ Had miscarriage

□ Abortion □ Special needs child

□ Prodigal child past or present □ Struggles with self identity/image

□ Overcome marriage issues □ Infidelity & reconciliation w/spouse

□ Experiences of abuse past or present □ Issues of separation or divorce

□ Health issues □ Empty Nester

□ Loss of a child □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Career goals/achievement

□ Or any particular favorite hobby, activities, pastimes? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_