

FLOURISH

MENT OR APPLICATION

| First Name | Last Name | |
|---|---|---------|
| Email | Cell Phone | |
| MARITAL STATUS | AREA OF TOWN | |
| Single | Street Address | |
| Married | | |
| o Widow | City | State |
| Divorced | | |
| o Separated | Zip Code | Country |
| Do you have children? (If yes, please list ages.) Number of years married? | | |
| | | |
| Do you call Lancaster Alliance your hon O Yes O No | ne church? | |
| How long have you attended | | |
| Less than 6 months | | |
| o 6-12 months | | |
| o 1-2 years | | |
| o 2+ years | | |
| Are you currently a volunteer at Lancas | ter Alliance Church? If so, which team? | |
| Do you actively serve at another church? | | |
| yes o No | | |

MENTOR INFORMATION

| ii you become a riourisii illelito | i, now many mentees do you reet capa | ote to mentor in the coming year: | | |
|---|--|--|--|--|
| ∘ 1 | | | | |
| ∘ 2 | | | | |
| · 3 | | | | |
| 0 4 | | | | |
| or More | | | | |
| | | | | |
| PLEASE SELECT ALL PREFE | ERRED MEETING TIMES WITH YOUR | MENTEE(S): | | |
| Mornings | | | | |
| Afternoons | | | | |
| Evenings | | | | |
| Weekends | | | | |
| | | | | |
| PLEASE CHOOSE THREE AR | EAS OF YOUR LIFE YOU WOULD FOO | CUS ON IN YOUR JOURNEY WITH YOUR MENTOR | | |
| 01 First 11/1/2 | 02 Second Topic/Life Area | 13 Third Topic/Life Area | | |
| 01 First Topic/Life Area • Knowing the Word | Second Topic/Life Area Knowing the Word | Knowing the Word | | |
| Marriage | Marriage | Marriage | | |
| Singleness | Singleness | Singleness | | |
| Motherhood | Motherhood | Motherhood | | |
| Finances | Finances | Finances | | |
| o Prayer | Prayer | Prayer | | |
| Career | o Career | 。 Career | | |
| Health and Wellness | Health and Wellness | Health and Wellness | | |
| | | f you are a returning mentor | | |
| NOTE: Please answer the following life story questions as updates if you are a returning mentor. If you have placed your faith and trust in Jesus, please explain how and when you began to follow Him with your life: | | | | |
| ir you nave placed your faith ar | nd trust in Jesus, please explain now an | d when you began to follow Him with your life: | | |
| | | | | |
| | | | | |
| Please briefly describe your current season in your relationship with Jesus: | | | | |
| | | | | |
| | | | | |
| Please briefly describe things you are passionate about (hobbies, past-times, interests, etc): | | | | |
| | | | | |
| | | | | |
| What excites you about investing in the lives of younger women?: | | | | |
| | | | | |
| | | | | |

| Why do you feel that you would be a good mentor?: | | | |
|---|--|--|--|
| What season of life do you feel you | would serve best (single, married, moms, career women, etc)?: | | |
| Is there anything in your life that wo concerns, etc)?: | ould hinder you from being an effective mentor (time, career, travel, family | | |
| REFERENCE | Staff or Volunteer at Lancaster Alliance Church. | | |
| - rease provide a reference from 5 | real of vocaliteer at Lancaster Annance Orlaidi. | | |
| Name: | Position: | | |
| Email: | Phone: | | |

CONSENT

If matched, by initialing below, I commit to attend the REQUIRED FLOURISH kick-off on **September 30**, **2023**. Please let the FLOURISH team know in your interview if there is an emergency where you will not be able to attend the kick-off.

Initials:

*Completion of this application does not guarantee participation in FLOURISH. We may feel that your talents and abilities would better serve our church family in a different role or as part of another team. We are grateful that you are a part of Lancaster Alliance Church and we're excited to see how God will use you to build up His family. Thanks for taking time to fill out the Flourish application.