

SDFC Mentee Application

Date _____

Mentor Ministry

1. The purpose of the mentoring relationship is to help both the mentor and the mentee live and grow as disciples of Jesus.
2. Ideally a six-month commitment with the opportunity of extending the relationship.
3. Our mentors will be assigned by gender, your particular needs and/or goals and are trained to be safe people who will listen and ask questions designed to help you grow spiritually.
4. Our mentors are designed to fill a gap between professional and/or pastoral counseling and small accountability group where, if you participate, your particular spiritual needs and questions will be attended to by a safe and qualified mentor through SDFC. It is not a program for people in crisis who would benefit from professional counseling.
5. We ask that you complete this form and turn it in to Paige Milgrom or the church office. If you have any questions, please email Paige at mentoring@sdfcnaz.com

Personal Information

First and Last Name: _____

Email Address: _____

Primary Phone Number: _____ Secondary: _____

Gender: M or F (circle one)

Birthdate: _____/_____/_____

Mentee Request

What goals or hopes do you have in meeting with a spiritual mentor?

What current challenges do you face?

Do not fill out ...

Date Application Received: _____ Interviewed: _____

Date of Follow-Up: _____ Mentor Name: _____

Date of Mentor Assignment: _____ Notes: _____

Date of End of Mentorship: _____