

Date _____

SDFC Mentor Application

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 mentees and mentors will be matched according to congruent personalities, interests, and life experiences in same-gender pairings.
4. The role of a mentor is not meant to replace professional and/or pastoral counseling. Rather, it is an intentional relationship in which the mentor serves as an advisor, resource, or guide.
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: _____/_____/_____

Mentor Request

How has mentorship been modeled to you in the past?

What does mentoring look like to you?

What unique life experiences, passions, or expertise would be useful for the Coordinators to know in pairing you with a mentee?

Do not fill out ...

Date Application Received: _____ Interviewed: _____

Date of Follow-Up: _____ Mentee Name: _____

Date of Mentee Assignment: _____ Notes: _____

Date of End of Mentorship: _____