



Mentee Profile Sheet
Please fill in as much information as possible

Connecting Women to Women

Date: ___/___/___

Name _____ Birth Date ___/___/___ Age ___

Address _____ City _____

Home Phone _____ Cell Phone _____ Email _____

Occupation _____ Business Phone _____

Single Engaged Married (# yrs.) Blended Family Divorced Widowed

Spouse's Name _____ Spouse's Age _____

Children's Names & Ages (M) _____ (F) _____

Grandkid's Names & Ages (M) _____ (F) _____

Stepchildren's Names & Ages (M) _____ (F) _____

Total # of children living with you? _____ How long have you attended Lake City? Since _____

Have you accepted Christ? Yes, I became a Christian _____ years/months ago

No, but I would like to know more Yes, I rededicated my life to Him _____ years/months ago

Have you been through LCCC's Membership 101 class? No Yes

Ministries you are involved in? Women's Bible study (When? _____) Choir MOPS

AWANA Small Group (When? _____) Food Bank Children's Ministries

Other Ministries _____

Hobbies, Interests, Gifts: _____

What do you desire in a mentoring relationship? (Please be as detailed as possible)

Friendship Spiritual Growth Accountability Prayer Partner

Parenting Counsel Marriage Guidance Other _____

If possible, is there someone specific you would like to be matched with (please include a name)?

