



**RETURN COMPLETED FORM TO:**  
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# APPLICATION TO REQUEST A MENTOR

ATLAS is a Christ-centered, non-denominational mentoring ministry committed to helping individuals find healing and support. ATLAS stands for:

**Attaining Truth Love And Self-Control**

We help people attain truth, love, and self-control in their relationships with God and with other people. We connect caring, Christ-following mentors into one-on-one mentoring relationships with anyone wanting someone to walk with them on the road of life. We often walk alongside individuals who may be struggling with life controlling issues such as:

- Emotional hurts,
- Addictions,
- Depression, and
- Relationship problems
- Financial problems,
- Loneliness.

## STATEMENT OF UNDERSTANDING

By applying for a mentor, I fully agree to and understand that:

1. ATLAS of West Central Minnesota is a non-profit corporation committed to helping individuals attain truth, love, and self-control in their relationships with others.
2. This ministry is supported through donations from local individuals, businesses and churches. I will not be charged for ATLAS services, but I can share in this ministry. My financial donation will allow this ministry to continue assisting those with special financial, spiritual, and physical needs.
3. ATLAS and its staff are not licensed therapists, psychiatrists, or medical practitioners.
4. ATLAS of West Central Minnesota and its staff are mandated by law to report any minor (under 18 years of age), elder (over 65 years of age), or vulnerable adult who is currently endangered by abuse, and to report if I am suspected of being a danger to myself or others.
5. If I am a minor, I understand that ATLAS staff may share information with my parent(s)/guardian(s) as deemed necessary.
6. In receiving services through ATLAS, I authorize ATLAS to release or exchange any relevant information with other ATLAS representatives and potential mentor(s).
7. I will maintain regular communication with my mentor. I understand I can also talk to ATLAS staff anytime I have questions or concerns.
8. ATLAS of West Central Minnesota and its staff will help me see myself, my relationships, and my circumstances through God's truth, love, and self-control, but I am responsible for my own choices and actions.

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**Signature**

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**Date**



Who do you talk to about personal things? With whom do you feel close?

Name	Relationship	Residence
1. _____	_____	_____
2. _____	_____	_____

Your Workplace: \_\_\_\_\_

When do you work? Full-time    Part-time    Hours: \_\_\_\_\_

### **SERVICE INFORMATION**

In which of these areas do you need assistance? (please explain all that apply)

- Spiritually \_\_\_\_\_
- Emotionally \_\_\_\_\_
- Financially \_\_\_\_\_
- Addiction(s) \_\_\_\_\_
- Other \_\_\_\_\_

How did you hear about ATLAS? \_\_\_\_\_

What do you hope to gain from having a mentor? \_\_\_\_\_

What are you looking for in a mentor? \_\_\_\_\_

### **SPIRITUAL INFORMATION**

Please circle the statement(s) that describe you best:

1. I have no relationship with Jesus and no desire to learn about God.
2. I believe in God, but my choices may or may not reflect that belief.
3. I am searching for answers from God.
4. I desire to learn more about God, my faith, and how that affects my choices.
5. I am growing daily in the grace of Jesus and have others to encourage me.

Please circle which statement describes you best:

- |  |  |
|--|--|
| 1. I do not go or want to go to church.  | 3. I attend church on a regular basis.                         |
| 2. Church is not a huge part of my life. | 4. I am excited about my church and attend on a regular basis. |

Do you attend a church? Y    N    If yes, where? \_\_\_\_\_

The following questions are optional. Please answer them as you are comfortable. When possible and appropriate, we attempt to match people with mentors who may have had similar life experiences.

**OPTIONAL – Have you experienced any of the following? Answer only if you are comfortable with sharing. Circle all that apply.**

Verbal Abuse

Physical Abuse

Sexual Abuse

Financial Struggles

Homelessness

Neglect

Jail/Prison

Foster Care

Treatment Facility

**OPTIONAL – Are you experiencing emotional struggles, conflicts, or conditions with any of the following? Circle all that apply.**

- Family Relationships
- Relationships with other people
- Sudden personality/ attitude change (severe contrasts)
- Hatred/Bitterness/Resentment toward others
- Hatred/Bitterness/Resentment toward self
- Irrational guilt/Self-condemnation
- Irrational fear(s)/Anxiety
- Self-Pity
- Pride
- Temper
- Stealing
- Jealousy
- Depression
- Criticism/Gossip
- Lying compulsively
- Feelings of guilt for: \_\_\_\_\_
- Other: \_\_\_\_\_

**OPTIONAL – Do you experience any of the following thought patterns? Circle all that apply.**

- Low self-image (feel like you are “unworthy,” “a failure,” “no good”)
- Constant confusion
- Inability to believe in God (even if you want to)
- Horrible nightmares causing fear
- Mocking/Negative thoughts toward God or the Word of God
- Believing others are angry, hostile, or “out to get you”

**OPTIONAL – Have you thought about or attempted suicide?                      Y                      N**

**OPTIONAL – Please explain any of the above responses or share any other information about your life you would like us to know in helping connect you with a mentor.**

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