

## Flourish - One to One Mentoring Mentor

Complete this confidential form so that you can be placed with a disciple you can serve personally and confidentially to be Woman of Christ.

First and Last Name \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

Age \_\_\_\_\_ Marital status \_\_\_\_\_ If married, how long \_\_\_\_\_

Children \_\_\_\_\_ Age range \_\_\_\_\_

Current work situation \_\_\_\_\_

Preferred meeting time: Morning \_\_\_\_\_ Lunch time \_\_\_\_\_

Afternoon \_\_\_\_\_ Evening \_\_\_\_\_ Weekends \_\_\_\_\_

Briefly describe your strengths in your Christian walk and study habits –

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What specific areas are you confident to serve as a mentor?

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What do you desire from a mentoring relationship?

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