

Flourish - One to One Mentoring

_____ Mentor

_____ Merea

Please complete this confidential form so that you can be placed with a woman in a mentoring friendship. (Check Mentor or Merea)

First and Last Name _____

Phone # _____

Email _____

Age _____ Marital status _____ If married, how long _____

Children _____ Age range _____

Current work/school situation _____

Preferred meeting time: Morning _____ Lunch time _____ Afternoon _____

Evening _____ Weekends _____

What do you desire from a mentoring relationship?

Mentor Only: What life experience have helped you draw closer to the Lord? What areas or challenges in your personal/spiritual development have you encountered?

Merea Only: What areas in life do you need insight or would you like to learn more about?
