

SOAR MENTEE APPLICATION

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____

Email (please print): _____

Home Phone: _____ Cell Phone: _____

Birthday _____

Marital status (circle one):

Single Engaged Married Divorced Widowed

Husband's Name: _____

How long have you been married? _____

Do you have children? If so, please share their names and ages.

Name:_____ Age:_____

Name:_____ Age:_____

Name:_____ Age:_____

Name:_____ Age:_____

Do you work outside the home? If so, share where you work.

Please give a brief summary of your testimony and include where you are today.

Why do you desire to be in a mentorship relationship?

What do you hope to gain from being in a mentoring relationship?

What are your expectations from the group and your mentor?

