$R_{elationships} \mathrel{\mbox{Encouragement}} \mathrel{\mbox{Accountability}} \mathrel{\mbox{Love}} {\mbox{Love}}$

Mentee Application

Please complete the application below: **Personal Information:**

Full Name	e:				
	First		Middle Initial	Last	
Address:_					
	Street Addre	SS		Apt.	
	City		State	Zip Code	
Phone Nu	umber(s):				
	none Number(s): Home			Mobile	
Email:			A	ge:	
	atus: Married Single Widowed Divorced	Spous	e Name:		
lf	ave children? yes, what are their ave grandchildren	ages?	No		
-	-		mentoring relationship:		

Church History:

Are you a member of Cedar Crest BFC? ____ yes ____ no How long have you been attending Cedar Crest?_____

Briefly describe your testimony and current relationship with the Lord:

Please indicate the area of mentoring you are looking for (select all that apply):

- _____ Being unequally yoked
- _____ Infertility issues/miscarriages
- ____ New mom
- _____ Newly married
- _____ Single woman looking forward to marriage
- _____ Blended family
- ____ Newly single (divorced, widowed)
- _____ Health challenge
- _____ Parenting
- ____ Loss of a loved one
- Understanding who I am in Christ
- _____ Other:_____

Tell us about you: List your hobbies and interests:

Please indicate times of day that work best to meet with your mentor:

weekdays weekends

____morning ____evenings