Fresh Women's Ministry (FWM) Mentoring Programme

Mentee Application Form

SECTION ONE: GENERAL INFORMATION

Full Name: _____

Address: _____

City: _____ **Post code:** _____

Date of Birth: _____

Home Phone: _____ **Mobile Phone:** _____

E-Mail: _____

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced

Children: ☐ Yes ☐ No ☐ N/A

SECTION TWO: MENTORING INFORMATION

Why will you like to sign up to this mentoring programme?

_____

At the end of the one year programme what is **one important thing** you will like to have achieved?

_____

Are you willing to make yourself available and commit your time to this mentoring programme?

_____

SECTION THREE: MENTORING STATEMENT

This serves as my application to participate in the FWM mentoring Programme for 12 months.
I am volunteering of my own free will to be mentored by a fellow spiritually mature Christian. I understand that my mentor is also a volunteer and that there is no fee to be part of this programme. I understand that I will be receiving mentoring based on Christian biblical principles.
I have read and understood the general guidelines for mentees and mentors.

Signature: _____ Date: _____