

Faith in Christ Ministries (FICM) Mentoring Program

Mentor Application

Contact Information

Name _____ Phone number _____ Email _____

Address _____

References

1. Name of reference _____ (prefer someone from your church)

Reference phone and email _____

2. Name of reference _____ (prefer someone from your church)

Reference phone and email _____

Emergency contact information

Emergency contact name and relationship to you _____

Phone number _____

1. Please describe why you are interested in being a part of the Faith in Christ Ministries Mentoring Program and potentially becoming a mentor.

2. Please describe your experience with mentoring, tutoring or working with middle or high school aged youth.

5. Please describe your relationship with God and how that impacts your interactions with others.

4. Please describe your career background, areas of academic skill and other skills that mentee's could potentially benefit from.

5. Please list your hobbies and what you like to do in your free time.

6. Do you have any skills or interests that you could teach to middle school students in a one or two hour block? If yes what topics can you cover?

7. Will you be able to commit to meeting with a student once a week from August 2015 to June 2016? Yes/ No. (please circle one)

If Yes (please circle what day you are available)

Monday Tuesday Wednesday Thursday Friday Saturday

What times on weekday do you prefer?

3:30pm-5:30pm 5:00pm -7pm 6:00pm- 8:00pm (dinner would be first 30 minutes)

If you prefer Saturday would you prefer: morning or afternoon?

8. If you are unable to commit on a weekly basis, are you able to volunteer on a monthly or quarterly basis to teach workshops for students?

Once complete please email application to mentoring@ficmla.com or drop it off at FICM.