

# Side by Side

## Getting To Know You Mentor Profile

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

D.O.B: \_\_\_\_\_  Single  Married  Divorce  Widowed

Age:  18-24  25-34  35-44  45-54  55-64  65+

Number and Ages of Children: \_\_\_\_\_

Work:  Full time  Part time  Stay at home  Retired

Occupation: \_\_\_\_\_

Past Work Experience: \_\_\_\_\_

Under what circumstances did you come to know Jesus Christ as your personal Savior? \_\_\_\_\_

\_\_\_\_\_

When? (date): \_\_\_\_\_

What are your spiritual gifts/strengths? (check all that apply)

- Prayer partner  Encouragement  Discipleship  Bible Study  
 Accountability  Hospitality  Support in recovery issues  
 Marriage  Parenting  Teaching  Other \_\_\_\_\_

If you are comfortable sharing, what experiences have you had in your life? (These will be kept confidential)

- Infertility issues  Raised kids  Infidelity & reconciliation w/spouse  
 Had a miscarriage  Had a prodigal  Experienced abuse  
 Abortion  Blended families  Married to a non-Christian  
 Special Needs Child  Health issues  Went through a divorce  
 Lost a child  Financial  Recovered from an addiction  
 Adoption/Fostering  Aging Parents  Military  
 Suffered depression  Family member w/a drug/alcohol problem (relationship \_\_\_\_\_)  
 Struggled w/ eating disorder  Family member died (relationship \_\_\_\_\_)  
 Other: \_\_\_\_\_

Favorite Hobbies, Activities, Past-time \_\_\_\_\_

\_\_\_\_\_

What times of the week are you most free to get together?  Day of Week \_\_\_\_\_

Early AM  Daytime  Evening  Once a week  Twice a month  Phone/prayer support only

Are you willing to mentor more than one person?  Yes  No

Are you connected to a group or Bible study at this church or another church? \_\_\_\_\_

Anything else you'd like us to know? \_\_\_\_\_

\_\_\_\_\_

**Information you provide is strictly confidential.**