

ONE BY ONE MINISTRIES MENTOR APPLICATION

TODAY'S DATE _____ Sponsoring Church _____

General Information

First Name _____ Middle _____

Last Name _____ Date of Birth _____

Ethnicity _____

Street Address _____

City _____ Zip Code _____

Cell Phone _____ Home Phone _____

Email _____

What is the best way to contact you? _____

Please circle: Married Never Married Divorced Widowed

Spouse's Name _____ Anniversary _____

Children living at home:

Name _____ Birthday _____

Name _____ Birthday _____

Name _____ Birthday _____

Education

Education (Highest grade or degree completed) _____

Date of completion _____

Education or other skills/talents/interests which you believe might be beneficial for your One by One volunteer work _____

Fluent in any language other than English? (please list) _____

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Employment

Work status (circle one) Part-Time Full-Time Retired Student

Occupation _____

Company/Agency Business _____

Work Phone _____ Work email _____

May we contact you at work? _____

Duration of Employment _____ (years/months)

Spiritual Background

The goals and mission of One by One Ministries mandate that all volunteers demonstrate a love and commitment to the Lord Jesus Christ.

Describe in detail how you became a Christian and your relationship with the Lord, including what He is doing in your life today. (Use the back of this sheet as needed).

Are you a church member? _____ How long? _____

What activities and volunteer service positions are you involved in at your church?

Describe any ministry and volunteer service experiences you have been involved in at other churches (Please include dates.) _____

Volunteer Information

Please outline your experiences with other volunteer service positions. Please include dates.

Brief description of how you became interested in the One by One program.

The preparation time for making One by One visits is about 20 minutes a day for the 5 days before the visit, perhaps two hours the day of the visit, and about 20-30 minutes the day after the visit filling out the require evaluation form.

How will this time commitment impact your home, work, or family schedules?

At the birth of the baby and for 6 weeks to 2 months afterwards, will you be willing and able to make more frequent visits to your assigned mentee?

During this critical time in the family's life, what kind of additional ministry to the mentee and her family can you and your church accomplish?

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References:

1. Pastor or other Church Staff:

Name _____ Position _____

Contact Info: Phone _____ Email _____

How long have you known this person? _____

2. Business or Employer reference:

Name _____ Position _____

Contact Info: Phone _____ Email _____

How long have you known this person? _____

3. Christian Friend:

Name _____ Position _____

Contact Info: Phone _____ Email _____

How long have you know this person? _____

Signature

My signature below signifies that I have read and understood the following statements:

- I certify that all of the information provided on this application is true and accurate.
- I understand that no part of my personal information will be used in any way by any other agency other than One by One.
- I authorize the electronic storage of my information submitted to One by One Ministries. This authorization remains in effect until revoked by me in writing.
- I understand that all information I receive about One by One staff, other One volunteers, or mentees must be kept confidential. Even when making prayer requests with my Prayer Partner and my church, I will not divulge names or other identifiable personal information without the express permission of the individual(s) involved.

Signature _____ Date _____

Printed Name _____