

Soul2Soul Mentor Form

"Connecting our members one to another – Soul 2 Soul"

Today's Date _____

Name _____ Age ____ Date of Birth ____ / ____ / ____

How long have you been attending Classic City? _____

Contact Information – Email address, telephone number(s)

Best way and time to contact you? _____

Describe your day-to-day roles and obligations, such as wife, mother, your profession etc:

List any roles you've served in previous churches or ministries:

What does an ideal mentor relationship look like for you?

How many people would you be willing to mentor? _____

How frequently would you ideally meet with them? _____

Thank you for completing this form and for your desire to be a part of the mentoring program at our church. Please use the remaining space to share any other information about yourself that you feel would be beneficial for us to know about you, such as special interests, hobbies, etc.

