Walking with Grace Mentorship Program

I wish to be a mentor:			I wish to be a mentee:		
Name:					
Address:			(0) -1 -1	(7. .)	
(Street Address)	(City)		(State)	(Zip)	
Home Phone:		Cell:		(texts OK)	
Email:					
Independent Bible Church: Mer	mber?			How Long?	
	mber?		Regula	r Attendee?	
If a mentor, do you have any spec multiple children, single parent, e	etc.)		-	share? (Homeschooler,	
If a mentee, are you looking for a	mentor w	ith any spe	cial experience		
What communication method wo What would be your best available	ility time to	o meet: w	eekday, weeker		
As an aid to help pair mentors and children, etc.):				cupation, hobbies,	

Walking with Grace

A Women's Ministry of
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