

Greater Hope Restoration Ministries

MIB Mentorship Application

Name _____

Address _____

City: _____

State: _____

Zip Code: _____

Home Phone: (____)____-_____

Business Phone: (____)____-_____

Cell Phone: (____)____-_____

Fax Number: (____)____-_____

Email Address: _____

These next two items are needed for state child clearances.

Date of Birth: _____

Driver's License Number: _____

State: _____

Do you attend services regularly? ☐ Yes ☐ No

Please tell what church activities you are involved in now:

Are you interested in our prison mentoring team now? If so, how do you feel that you will be effective this is type of mentoring?

Are you willing to commit to your mentee every month for at least six months? Are you ready to follow up on this commitment? ☐ Yes ☐ No

Is your family behind your mentoring?

☐ Yes ☐ No

Do you have a solid and growing relationship with Jesus?

☐ Yes ☐ No

Are you willing to provide references? ☐ Yes ☐ No

What mentoring experience do you have? Summarize your experience and with whom:

Who and where Dates

Do you have any ministry training outside of GHRM? ☐ Yes ☐ No

Training type and sponsor

Dates

Have you completed the *GHRM* mentoring training?

☐ Yes ☐ No

If no, please see the Mentoring Coordinator to schedule your training.

Are you an ex-inmate? ☐ Yes ☐ No

If yes, please give us this information:

Prison name and location Dates

Are you currently on Parole or Probation? ☐ Yes ☐ No

If yes, please tell us the details:

P.O. name: _____

Tell us, briefly, why you want to be a *mentor*?

Do you have any hobbies or special skills? Describe:

I declare I have answered these questions truthfully and to the best of my ability. I am willing to be matched with a mentee and will work with them according to the terms of our mutual contract.

Signed: _____

Date: _____