# FORWARD Mentoring Program — Mentee Intake

HOPE813 Ministries

*Please complete this form so we can match you with a mentor suited to your needs and season of life.*

## PERSONAL INFORMATION

Full Name*

Date of Birth*

Phone Number*

Email Address

Home Address*

City

State

ZIP Code

Church Home (if any)

## HOUSEHOLD & LIFE SITUATION

Marital Status

# of Children/Dependents

Current Living Situation

- ☐ Own Home
- ☐ Renting
- ☐ With Family/Friends
- ☐ Transitional Housing
- ☐ Other

## REASON FOR SEEKING MENTORING

Briefly describe what's going on and what you hope mentoring will help with

## AREAS OF NEED (check all that apply)

- ☐ Spiritual Growth
- ☐ Life Skills
- ☐ Employment/Career
- ☐ Recovery Support
- ☐ Relationships/Family
- ☐ Financial Literacy
- ☐ Parenting
- ☐ Other

## AVAILABILITY

When are you generally available to meet with a mentor?

- ☐ Weekday Mornings
- ☐ Weekday Afternoons
- ☐ Weekday Evenings
- ☐ Weekends

## EMERGENCY CONTACT

Emergency Contact Name*

Relationship

Phone*

## CONSENT & ACKNOWLEDGEMENT

I understand FORWARD mentoring is a supportive relationship, not a substitute for professional counseling, and that mentors are mandatory reporters of abuse or imminent harm. I consent to participate and to a background-informed matching process for everyone's safety.

- ☐ I have read and agree to the above.

Signature

Date



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