

## DR. OTIS MANNING MENTORSHIP APPLICATION FORM

**Note to applicants:** *Answers requiring more than the allotted space should be attached to the completed form along with your reference letter and a copy of your photo ID.*

### CONTACT DETAILS

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Parish: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

### PERSONAL DETAILS

Gender: \_\_\_\_\_

Nationality: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Name(s) and age(s) of children: \_\_\_\_\_

Level of Education/Professional training: \_\_\_\_\_

Church Membership/Affiliation: \_\_\_\_\_

Church activities (present or past): \_\_\_\_\_

Describe your faith journey: \_\_\_\_\_

State the spiritual gift which is apparent in your life or which you desire: \_\_\_\_\_

Are you spirit filled? \_\_\_\_\_

Why do you wish to be mentored? \_\_\_\_\_

What do you hope to achieve from the program? \_\_\_\_\_

List any restrictions affecting your ability to meet with your mentor: \_\_\_\_\_

Please provide a short biography: \_\_\_\_\_

What are your spiritual goals and objectives? \_\_\_\_\_

How did you learn about the mentoring program? \_\_\_\_\_

### MENTORING CONTACT PREFERENCES

Please indicate how you would prefer to meet with your mentor \_\_\_\_\_

{face-to-face meetings

Video conferencing (skype, zoom, etc.)}

**DR. OTIS MANNING MENTORSHIP APPLICATION FORM**

How often would you be prepared to have contact with your mentor? \_\_\_\_\_  
(weekly, monthly, twice monthly)

Name and Address of Referee: \_\_\_\_\_

Signature of Mentee: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

(For minors only)

Note: Reference letter to be attached.

Approved: \_\_\_\_\_

Date: \_\_\_\_\_