



Life Enrichment Center of Norfolk  
 230 West Bute Street  
 Norfolk VA 23510  
 757-623-6001

**MENTOR APPLICATION**

Program \_\_\_\_\_  
 Date \_\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Marital status: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 E-mail address: \_\_\_\_\_ Children/ages: \_\_\_\_\_

**CHURCH AFFILIATION**

Church/group which you attend \_\_\_\_\_  
 Pastor/Leader's name \_\_\_\_\_ Phone \_\_\_\_\_  
 (Please submit a letter of recommendation from your pastor/leader stating your church/group involvement.)  
 List your church/service activities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**AVAILABILITY & EXPERIENCE**

Days and times available: \_\_\_\_\_  
 Mentoring experience (describe, including how long) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Skills/Talents \_\_\_\_\_  
 Hobbies \_\_\_\_\_  
 Vocational experiences/interests \_\_\_\_\_  
 \_\_\_\_\_  
 What is your experience working with youth, homeless, single mothers, prison inmates, disadvantaged, etc.  
 \_\_\_\_\_  
 Have you ever had a spiritual gifts assessment? \_\_\_\_ If yes, what were the results? \_\_\_\_\_  
 \_\_\_\_\_  
 Describe your personality. \_\_\_\_\_  
 \_\_\_\_\_

## EDUCATIONAL PROFILE

High School Diploma? Yes \_\_\_\_\_ No \_\_\_\_\_ Graduation year \_\_\_\_\_ GED \_\_\_\_\_

College degree(s)? Yes \_\_\_\_\_ No \_\_\_\_\_ Degree/Major/year \_\_\_\_\_

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## PERSONAL REFERENCES

(1) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

(2) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## GOALS

Short-term: \_\_\_\_\_

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Long-term: \_\_\_\_\_

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What do you hope to gain through this experience? \_\_\_\_\_

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## SPIRITUAL BACKGROUND

When and how did you receive Christ? \_\_\_\_\_

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Have you received the gift of the Holy Spirit? \_\_\_\_\_