

Blessing of Summit & Portage Counties, Inc.

Application for Discipleship Coordinator or Mentor

Name _____ Address _____

Phone _____ e-mail _____

Current Occupation Position/Title _____

Employer Name & Address _____

Employer Phone Number _____

Have you read and agree with the content of the Blessings Handbook? Yes No

Have you ever been convicted of sexual or physical abuse? Yes No

Have you ever been convicted of a felony? Yes No

Do you intend to fulfill your responsibilities as presented in the Blessings Handbook? Yes No

Please describe your involvement in your local church:

Please describe your personal faith in Jesus Christ:

Please describe your experiences relating to teenagers:

Mentor Applications Only: What is your parenting experience?

Please supply three character references including: Name, Title, Address, & Phone Number.

The answers and information I gave above are accurate to the best of my knowledge.

Signature

Date

Please complete and return to: Blessings, 5915 Rhodes Road, Kent, OH 44240