



AIMS Mentor Application & Profile

Mentor Information

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Home Phone: _____ Alternate Phone: _____

E-mail Address: _____

Birth Date: _____ Marital Status: _____

Spouse's Name: _____

Goals — List three things you'd like to accomplish as a Mentor:

1. _____

2. _____

3. _____

List three areas of strength you can pass on to someone, such as modeling prayer, evangelism, decision making, parenting, organization, priority setting, etc.

1. _____

2. _____

3. _____

How often do you want to formally meet with the intern during the internship relationship? (circle/highlight one)

Once a Week Once a Month Twice a Month

Please provide information on your past mentoring experience:

In their book, "Connecting," Paul Stanley and Robert Clinton outline seven different kinds of mentoring roles. To help us properly match you with someone, please circle (or highlight) one or two roles for which you feel best suited.

1. Discipler: Helping with the basics of following Christ
2. Spiritual Guide: Accountability; direction/insight for maturation
3. Coach: Motivation; skills needed to meet a task or challenge

4. Counselor: Timely advice; perspective on self, others, ministry
5. Teacher: Knowledge and understanding of a specific subject
6. Sponsor: Career guidance; protection; relational networking
7. Model: Personal model or example for life, ministry or career

Please list any final communications that you believe will foster a good intern match-up:

**Please send this application as well as any other documents on your behalf to:
Department of Nurture, ACGC, PO Box 690848, Charlotte, NC 28227 or swarren@acgc.us.**

This application is meant for viewing by the Department of Nurture. Applicant's permission will be received if we determine that it should be seen by anyone else.



Site Information

AIMS Ministry Site Application Form

Ministry Site Details

Full Name _____

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Phone #: _____ Website Address: _____

Proposed Mentor/Contact Person Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Please list any additional comments or questions below:

Please Sign:

Ministry Site Contact Person Signature _____

Director of Nurture Signature _____

Date Received _____

**Please send this application as well as a picture of the church & potential mentor to:
Department of Nurture, ACGC, PO Box 690848, Charlotte, NC 28227 or swarren@acgc.us.**