

FLOURISH: PEARL APPLICATION

Name: _____

Phone: _____ Email: _____

Is New Covenant Bible Church your church home?

☐ Yes

☐ No

If "yes", do you attend regularly? (Minimum of 3 weeks a month)

☐ Member

☐ Regular Attender

Please mark all applicable areas:

Which life experiences have shaped you?		Comments, if desired
<input type="checkbox"/>	Marriage	
<input type="checkbox"/>	Divorce	
<input type="checkbox"/>	Single	
<input type="checkbox"/>	Parenting	
<input type="checkbox"/>	Loss of spouse/child/close friend/family member	
<input type="checkbox"/>	Difficult relationships	
<input type="checkbox"/>	Miscarriage/Stillborn	
<input type="checkbox"/>	Illness/Health Issues	
<input type="checkbox"/>	Addiction	
Possible areas for mentoring:		
<input type="checkbox"/>	Life skills (time management, budget, housekeeping skills, career, etc.)	
<input type="checkbox"/>	Prayer	
<input type="checkbox"/>	How to study the Bible or a Bible Study	
<input type="checkbox"/>	Telling your faith story/Sharing the gospel	
<input type="checkbox"/>	Serving	
<input type="checkbox"/>	Connect to Community	
<input type="checkbox"/>	Spiritual Disciplines/etc.	
<input type="checkbox"/>	Emotional/Mental challenges	
<input type="checkbox"/>	Other:	

What would you like the mentoring focus to be, initially? (Can use ideas from chart on first page)

What would you hope to gain because of your mentoring relationship?

How often would you like to meet with your mentor? Regular meeting times or flexible meeting times?

Your Age: ☐ Middle School ☐ High School ☐ 18-30 ☐ 31-50 ☐ 50+

Your Stage ☐ Single ☐ Married ☐ Married w/ Children ☐ Single Parent
☐ Empty Nester ☐ Widow

I would describe my belief or relationship with Jesus as a: ☐ Seeker ☐ New Believer ☐ Growing believer

Anything else you would like us (leadership team) to know: