

Ladies of Vision and Enlightenment Mentor Packet

L.O.V.E. Mission Statement-

The mission of L.O.V.E. Mentoring Program of Fayetteville, AR, is to empower and encourage the spiritual growth of young women through the spreading of Christ's love and sharing of the gospel, to create a vision toward positive choices that lead to the full plan and purpose of God for their lives.

L.O.V.E. Key Verse-

“We loved you so much that we were delighted to share with you not only the gospel of God but our lives as well, because you had become so dear to us.” 1 Thessalonians 2:8

Who can be a mentor?

L.O.V.E. is looking for mentors who are seeking to please God in all areas of their lives. Mentors must be female of 21 years of age or more. Mentors must be active members of a faith based institution, and must prove active membership through a letter from the institutions leadership.

Responsibilities of mentors

Mentors are to lead by a Godly and Biblical example.
Mentors will be required to participate in equipping sessions, fellowship dinners, or other events planned by L.O.V.E.
Mentors must notify the director of L.O.V.E. prior to a session if they will be unable to attend.
More than two unexcused absences from a L.O.V.E. event could result in the dismissal of the mentor from the program.
Mentors will be required to go through initial training as well as on-going training throughout their time as a mentor.
Safety of our mentees is always our top priority. Mentors will not participate in or condone any activity that may cause physical, sexual or emotional harm to any mentee.
Mentors are not to bring adult friends or family members with them to an equipping session.
Mentors must adhere to all local, state, and federal laws.

I, _____, read the and agree to abide by the terms and expectations of Ladies of Vision and Enlightenment.

_____ (initial here) that you have received a copy of the policy and procedure manual for L.O.V.E. and that you agree to the terms of the policy.

Print Name

Date

Signature

Committee Member's signature

Date

Mentor Application

Personal Information

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Work phone: _____ May we contact you at work? Y N

Place of Employment: _____ How long employed? _____

Email: _____

Social Sec. #: _____

Date of Birth ___/___/___ Gender: Male Female

Where do you attend church? _____

Pastor's name & Contact Number: _____

How long have you attended your church? _____

What other ministries are you involved with at your church?

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

Application Questions

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

Why do you want to become a mentor?

Do you have any previous experience volunteering or working with youth? If so, please specify.

What qualities, skills, or other attributes do you feel you have that would benefit a youth? Please explain.

How would you describe yourself as a person?

How would your friends, family, and co-workers describe you?

Have you ever been arrested or convicted of a crime? If so, what were the circumstances?

Have you ever used illegal drugs? If so, what substances were used and how often?

Are you currently using any illegal drugs or controlled substances?

Do you drink alcoholic beverages? If so, what and how often?

10. Have you ever been convicted of a DUI, driving while under the influence of alcohol? If yes, when and what were the circumstances?

11. Do you use tobacco products? If so, what and how often?

12. Have you ever received treatment for alcohol or substance abuse? If yes, please explain.

13. Have you ever been treated or hospitalized for a mental disorder? If yes, please explain.

14. Have you ever been investigated or convicted of child abuse or neglect? If yes, please explain.

15. Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger?

If yes, please explain.

16. Are you willing to communicate regularly and openly with the L.O.V.E. Team, provide monthly information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring program?

17. Are you willing to attend an initial mentor training session and two inservice training?

Mentor Interest Survey

Name: _____ Date: _____

Please complete all the following. This survey will help L.O.V.E. Mentoring Program know more about you and your interests.

Do you speak any languages other than English? If so, which languages?

Would you be willing to work with a child who has disabilities? If so, please specify disabilities you would be willing to work with. _____

What are some favorite things you like to do with other people?

What are your favorite subjects to read about?

What is your job and how did you choose this field?

What is one goal you have set for the future?

If you could learn something new, what would it be?

What person do you most admire and why?

Describe your ideal Saturday.

Please circle all activities you are interested in:

Biking
Camping
Science
Cooking
Library
Hiking
Boating
Music
Sports
Yoga
Golf
Swimming
Gardening
Parks
Movies
Fishing
Animals/Pets
Painting/Photos

Board Games
Shopping

List any other areas of strong interest: