**CLC Mentor Application: 2016-2017 School** **Year**

*Please return this form, and have your pastor return your reference form, to the CLC office c/o CLC Mentor Program, P.O. Box 471 Ellijay, GA 30540 at your earliest convenience.*

Name:

DOB:

Mailing Address:

Phone#

E-Mail Address: Cell#

Spouse Name: DOB:

Children (and ages):

Place of Employment: Phone#

Education:

Experience in Mentoring/Discipleship:

Church You are a Member of:

Do you regularly attend church? Yes No

If approved, will you agree to meet with your student once a week? Yes No

[Are you in agreement with our beliefs (www.gilmerclc.o](http://www.gilmerclc.org)rg under “Beliefs” tab)? Yes No

Have you read and understood the document “CLC Mentoring Program?” Yes No

Would you be willing to submit to an annual criminal background check? Yes No

**On the reverse, or on a separate sheet of paper, please answer the following:**

1) What is your personal testimony, including your salvation and personal growth/walk with

Jesus Christ?

2) Why are you interested in serving as a mentor in this program?

3) What experiences, be they educational, spiritual, etc. make you qualified to serve as a mentor in this program?

Applicant Signature Date

**CLC Mentor Program: Pastoral Reference**

*Your Church Member is applying to be a part of the CLC Mentoring Program for the*

*2016-2017 school year. As a unique kind of mentoring program, we seek the support of the local church in the mentoring process. We would ask that you familiarize yourself with* [*our program by visiting our website (www*](http://www.gilmerclc.org)*.gilmerclc.org) and reading the document entitled “CLC Mentoring Program” and that you would complete the following reference form and return it to the CLC by mailing to Gilmer CLC c/o CLC Mentor Program, P.O. Box 471*

*Ellijay, GA 30540.*

*Should you have further questions, please contact Buddy Smith by phone at 706.635.7100 or by email at buddy@gilmerclc.org.*

Potential Mentor Name:

Pastor and Church Name:

Phone #

E-Mail

Church Address:

Is the potential mentor a member of your church? Yes No

Would you recommend this person as a mentor of a student age 12-17? Yes No

Briefly describe why you would, or would not recommend this person:

Would your church support the potential student and their family by loving them, reaching out to them, encouraging them, disciplining them, and praying for them should the opportunity arise? Yes No

Pastorʼs Signature Date