

Personal Experience

___Yes ___No Were you ever incarcerated?

___Yes ___No Were you ever in foster care?

___Yes ___No Have you ever been involved in a mentoring program?

If so, where and when? _____

1. Why are you interested in being a spiritual mentor to a woman in transition?
2. Describe any experiences you have had with mentoring or supporting individuals?
3. How comfortable would you be in openly sharing your own struggles and needs within the small-group family?
4. Do you have a mental health diagnosis that requires regular medication or counseling therapy?_____ If so, how long have you been consistent/compliant in your health care regimen?
5. Have you ever had a history of substance abuse? _____
If yes, how many consecutive years have you been in a non-addictive period? _____

Business Contact Information

Occupation: _____

Present Employer: _____ How long? _____

Business Address: _____

Supervisor Name: _____ Phone: _____

Reference Contact Information

Non-Family Reference

Name: _____ Phone: _____

Email: _____ Yrs. Known: _____

How did you learn of the Women in Transition/Stand in the Gap Program?

___Church ___ Friend/Co-worker ___SITGM website___

Current/Former WIT Participant (Name: _____)