



Date: _____

Mentor Information

Please answer the questions below so your student mentee can begin to learn a little bit about you.
We will also keep this on file for our records.

Name: _____ Gender: ___F ___M

Local Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone number: _____ Cell phone: _____

Preferred way to be contacted (e.g., email, cell phone): _____

Career area: _____

Church: _____

Educational Background (optional): _____

Hobbies, interests, volunteer activities: _____

Describe your personality and some of your strengths: _____

Have you experienced mentoring, either as a mentor or as a mentee, in the past? If so, please describe the experience:

Is there anything else you would like your mentee to know about you as you begin?

Thank you for your time and interest in mentoring!

If you need to send this to us:

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