

## Mentor Questionnaire

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Pronouns: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Best Way to Contact You: \_\_\_\_\_

Time Zone: \_\_\_\_\_

Years in Ministry: \_\_\_\_\_

Type of Ministry You Have Been Involved With:

Are You Active in Ministry or Retired? \_\_\_\_\_

Ministry Specialty: \_\_\_\_\_

What Would You Like to Say About Yourself to Your Mentee?