



**Mentoring Program – Volunteer Application**

*This application is completed by volunteers for any position involving the supervision or custody of minors associated with the STEP Ministries Mentoring Program. It is being used to help the staff provide a safe and secure environment for children and leaders who participate in our programs.*

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

Name (First, Middle Initial, Last): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

Preferred Contact Number: \_\_\_\_\_

Best method of contact (call, text, email, etc.): \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_ # of Children: \_\_\_\_\_

Employer: \_\_\_\_\_

Home church: \_\_\_\_\_

How long have you been at this church? \_\_\_\_\_

When did you become a Christian? \_\_\_\_\_

Tell us about your personal testimony and current relationship with God.

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Tell us why you think He has called you to mentor at STEP.

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Tell us about any previous experience in children's ministry.

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Please list the names and contact information for other churches and/or organizations you have been involved with.

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Use this space to make note of any specific questions you'd like answered during the interview.

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