



Springfield Baptist Church
E.P.I.C. Mentoring Program
Mentor Application

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E.P.I.C.
Mentor Application

Today's Date _____

Name: _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____ **Cell Phone:** _____

Current Employer: _____ **Address:** _____

Work Phone: _____ **Current Position:** _____

Years Employed: _____

Education

Name of School	Location	Years Completed	Major	Degree or Diploma

Please answer all of the questions as completely as possible. If more space is needed use an extra sheet of paper.

1. Why do you want to participate in the mentoring program?

2. Briefly describe your expectations of the mentoring program.

3. Describe any experience(s) you have working with children, teens, and mentoring.

4. Are you available to meet in person at least twice a month? This will include weekdays (evenings) and Saturdays. Yes _____ No _____ If no, please explain.

5. List any strengths, hobbies, and/or special skills that you feel are beneficial to the E.P.I.C. Mentoring Program.

6. Are you a member of Springfield Baptist Church? _____ Have you completed New Members Orientation? _____

7. Background checks are required for all adults working with teens in the mentoring program. Do you consent to a background check?

Yes _____ No _____

Thank you for your interest in the E.P.I.C. Mentoring Program. Your application will be reviewed, and you will be contacted by a representative from the E.P.I.C. Mentoring Program. You can scan and submit your application by email or deliver/mail your application to the address listed on the front of the application.