



*A loving home for the expectant mom.*

2355 Meadow Ridge Parkway  
 West Fargo, ND 58078  
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 www.perrycenter.org

## MENTOR MOM APPLICATION

Today's Date: \_\_\_\_\_

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

Marital Status:      Single      Married      Divorced      Widowed

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

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

How many hours are you able to work each week? \_\_\_\_\_

What hours work for you?      Daytime Hours      Evening Hours      Overnight Hours

Would you be able to work occasional weekends?      Yes      No

### EDUCATIONAL BACKGROUND

<b>High School</b>	<b>Area of Study</b>	<b>Graduated</b>
<b>Technical School</b>	<b>Area of Study</b>	<b>Graduated</b>
<b>College/University</b>	<b>Area of Study</b>	<b>Graduated</b>

## JOB EXPERIENCE

What kind of work (volunteer or otherwise) have you done in the last 5 years?

## HOBBIES

What are your hobbies or interests (personal or family related)?

## CHURCH BACKGROUND

Church You Attend: \_\_\_\_\_

Church Address: \_\_\_\_\_

Denomination: \_\_\_\_\_

Describe any positions/services performed within the church:

Pastor: \_\_\_\_\_ Phone: \_\_\_\_\_

May we call for a reference?    Yes    No

***Please answer the following questions as honestly and completely as possible:***

Do you consider yourself a Christian?    Yes    No

Please Explain:

What is a Christian?

What part does Jesus play in your life?

How important is prayer in your life?

How and when would you share your faith with our residents?

Do you feel comfortable praying with residents?      Yes      No

If yes, how would you do it?

What spiritual gifts would you bring to this ministry?

### PERSONAL INFORMATION

Do you smoke?      Yes      No

If yes, how much?

Describe your use of alcohol.

Check your level of housekeeping:      Very Orderly      Orderly      Little Messy      Very Messy

What do you see as your strengths?

What do you see as your weaknesses?

Describe your personality.

What do you like to do with your free time?

How many children do you have and what are their ages?

How would you describe your relationship with your children?

What area are you wanting to volunteer in?

**Mentor Mom**

*A mentor mom is a weekly commitment to be a mentor, leader, coach and friend to a resident for the duration of her stay at The Perry Center and hopefully beyond. A mentor mom provides friendship, understanding, prayer, encouragement and is a spiritual support to the resident. We do ask that you would assist the resident with transportation as the need arises. You will also help them complete the Earn While you Learn program.*

**Teacher/Facilitator**

*Teachers or Facilitators are needed to help teach classes on topics such as relationships, decision-making, parenting, child development, adoption, life skills, arts and crafts, time and money management, job acquisition, etc. A Teacher or Facilitator could lead a Bible study, give a presentation, share a testimony, or help residents with homework. We are also looking for nurses and lactation educators to teach classes*

## ABORTION INFORMATION

Have you had any traumatic experiences related to abortion?      Yes      No

Please explain:

Do you consider yourself pro-life or pro-choice? Please explain.

How would you describe abortion?

Do you feel abortion is ever justifiable?      Yes      No

If yes, please explain.

How would you respond if one of the residents came to you and said she wanted an abortion?

***Please make a general evaluation of your knowledge in the following areas:***

A. Knowledge of how abortions are performed/methods used to perform abortions.

Excellent      Good      Fair      Poor

B. Knowledge of the existing laws regulating abortion.

Excellent      Good      Fair      Poor

C. Knowledge of what the Bible teaches (directly or indirectly) about abortion.

Excellent      Good      Fair      Poor

What are your feelings concerning birth control for single women?

Any other comments you wish to express?