

NEW MENTEE

Application for Admission



I N T E R N A T I O N A L

Institute of Mentoring
empowering people to change the world!

Are you **SERIOUS** about fulfilling your *purpose*?

Our mentoring program is rather unique because we combine both *online* and *onsite* mentoring for an effective balance of consistent communication and connection. Our mission is to **'empower people to change the world'** through excellence in mentoring which includes:

- Invitation to the IOM Engage Conference each Spring
- Private 'Engage Leaders' gathering at the Pursuit Conference
- Enrollment in the Engage Mentoring Program
- One-on-one sessions with mentors at Engage events
- Webcasts with teaching from our mentors
- Access to mentee 'hotline' telephone to Pastor Judy
- Unlimited email support with mentors
- Conference calls with mentors and pastors
- Priority e-mail blasts on current IOM info and events
- Instruction through Biblical assignments and books
- Networking with other Engage Leaders and Ministers
- Online Facebook gathering place for IOM
- Monthly "one-on-one" phone call with a mentor

OUR ADMISSION PROCESS:

STEP ONE:

- ☐ Complete Application Packet Including:
 - New Mentee Application
 - Autobiographical Descriptions (4 parts)
 - Recent passport size photo of yourself
- ☐ Request references to be completed:
 - Senior Pastor's Recommendation
 - Two Personal References

STEP TWO:

- ☐ Approval by IOM Leadership
 - IOM leadership prayerfully considers each potential mentee after a review of all of the application items.
 - *Please note: review process will not begin until all paperwork including references have been received.

STEP THREE:

- ☐ Acceptance into IOM
 - Our office will notify you of your acceptance into the IOM program with a welcome packet...including a page on how to "Get Started" and your first homework assignment!
 - Upon acceptance, you will be expected to fulfill the program tuition by submitting a formal payment plan that will be included in the welcome email.
 - A mentor will call you shortly after your acceptance to answer any questions you may have.

If you are ready to transform your life and leverage your influence to advance the kingdom of God in ministry or the marketplace, contact our office and let us help you get started today...

connect: heather@judyjacobs.com — **click:** www.judyjacobs.com — **call:** 423.559.0173

Welcome to IOM!

I am honored to invite you to the International Institute of Mentoring. We are believing for a mighty outpouring of the presence of God to infiltrate your life. I believe that as you participate in our mentoring program, God will equip you, empower you, and enable you to perform that which has been assigned to you.

Our unique mentoring program offers inspiration, education, impartation, and transformation to empower people like you to change the world! I believe that the zeal of God will consume you, overwhelm you, and overtake you to the point that you will never be the same again as we labor together for His kingdom. We welcome every nation, tribe, and color to come and experience His Glory at IOM. I look forward to getting to know you and the calling on your life!

Expanded Blessings,

Pastor Judy



Minister Judy Jacobs Tuttle
Co-founder of His Song Ministries &
International Institute of Mentoring



Engage Mentoring Application

Please print clearly with blue or black ink.

Have you applied for or attended the International Institute of Mentoring in the past? ☐ No ☐ Yes Year(s): _____

How did you hear about IIOM? ☐ web search ☐ church ☐ conference ☐ friend ☐ Name of IIOM mentee: _____

PERSONAL INFORMATION

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev.

Name _____
Last First Middle Suffix (Jr., II, etc.)

Preferred Name _____

Address _____
Number Street Apt. #

City State/Province Zip/Postal Code Country

Marital Status ☐ Married ☐ Single ☐ Divorced ☐ Widowed Spouse's Name (if applicable) _____

Is your spouse supportive of your enrollment in IIOM? _____ Best Time To Contact You (including time zone) _____

Home Phone _____ Cell Phone _____

Best Time To Contact You (including time zone) _____

Email Address (required) _____ Fax _____

Website http:// _____

Current Occupation _____

Birth Date _____ Birthplace _____

Country of Citizenship _____

Native Language _____ Other Fluent Languages _____

Identify any characteristics that are present in your life:

- | | | |
|--|--|--|
| <input type="checkbox"/> Use of tobacco products | <input type="checkbox"/> Social drinking of alcohol | <input type="checkbox"/> Problematic drinking of alcohol |
| <input type="checkbox"/> Use of illegal drugs | <input type="checkbox"/> Problematic use/misuse of medications | <input type="checkbox"/> Sexual immorality |
| <input type="checkbox"/> Immoral relationships | <input type="checkbox"/> Pornography | |

** If you answered yes to any of the above, please explain in a separate attachment. **

Ethnic Origin (Optional, for reporting purposes only.)

- | | | |
|--|--|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Black International | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Caucasian – White | <input type="checkbox"/> White International |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> East Indian – International | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Asian International | <input type="checkbox"/> Hispanic | |

ACADEMIC HISTORY

List High School, Universities/Colleges, Seminaries and Graduate Schools.

Name of Institution	City/State	Dates of Attendance	Degree(s) Received



Engage Mentoring Application

CHURCH/MINISTRY INFORMATION

Present Church Membership _____ Years Attended _____

Specific Denominational Affiliation (if any) _____

Senior Pastor _____ Pastor's Email _____

Church Address _____ Church Phone _____

Are you currently involved in ministry? ☐ Yes ☐ No ☐ Full-Time ☐ Part-Time

If yes, what is the name of the ministry? _____

Do you feel a definite call to ministry? ☐ Yes ☐ No ☐ Full-Time ☐ Part-Time

If yes, to what field of ministry do you feel called? ☐ Marketplace/Business ☐ Music/Worship ☐ Children/Youth ☐ Pastoral

☐ Communication/Writing/Media ☐ Missions ☐ Outreach/Evangelism ☐ Government ☐ Other: _____

Please state any type of Christian service in which you have been involved within the past 5 years.

What is your primary spiritual gifting? (Ex. teaching, helps, etc.) _____ If unsure, please check ☐

Which best describes your desire: ☐ Discovery of Purpose ☐ Expansion of Vision ☐ Development of Leadership

FINANCIAL INFORMATION

How do you plan to fulfill tuition obligation: ☐ Full Payment Upon Acceptance ☐ Payment Plan Upon Acceptance

Who will be responsible for the payment of your IIOM tuition?

Name _____
Last First Relationship

Address _____
Number Street

City State/Province Zip/Postal Code Country

Phone _____ Email _____

REFERENCES

Please list the names and relationship of each person who will be submitting recommendation forms.

Pastoral Recommendation _____
Name Relationship

Personal Recommendations _____
Name Relationship

Name Relationship

AUTOBIOGRAPHICAL DESCRIPTION

On SEPARATE SHEETS of paper please answer the following four essays (type or print legibly):

1. Describe your Christian experiences both past and present. 250-400 words
2. Describe life experiences which have significantly influenced you. 250-400 words
3. Explain your ministry, goals, and mission statement.
4. Explain why you should be accepted into The International Institute of Mentoring. 250-400 words

I certify that the information given on this application is, to the best of my knowledge, true and factual. I understand that any false statement made on this application is reason for denial or dismissal from the International Institute of Mentoring. By my signature, I release IIOM to contact my references and waive my right to review any information provided on my behalf.

Signature _____ Date _____



PASTOR'S RECOMMENDATION

APPLICANT

Please print clearly with blue or black ink.

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

Name _____
Last First Middle Suffix (Jr, 11 etc.)

Address _____
Number Street Apt. #

City State/Province Zip/Postal Code Country

Email _____ Cell Phone _____

Please read before distributing form. This form should be completed by your Pastor and returned by him/her directly to the International Institute of Mentoring. An immediate family member of the applicant must not fill out this form. If your Pastor is an immediate family member or if you serve as the Senior Pastor, please give this form to an Assistant Pastor in your church or an overseer. If someone other than your Pastor completes the form, an explanation should be provided.

By my signature, I release IIOM to contact my references; furthermore, I waive my right to review any information provided on my behalf.

Applicant Signature _____ Date _____

PASTOR

Name _____
Last First Middle Suffix (Jr, 11 etc.)

Address _____
Number Street Apt. #

City State/Province Zip/Postal Code Country

Email _____ Phone _____

Church with which you are associated _____

Each applicant for admission to the International Institute of Mentoring must submit a recommendation. Serious consideration will be given to your comments; therefore, we ask that you complete the form carefully. Since we request a candid evaluation, we will hold your comments in the strictest confidence. Thank you for your time and assistance.

Please return **ALL** pages of this form directly to:

For more information, contact:

International Institute of Mentoring
P.O. Box 4700
Cleveland, TN 37320-4700
Fax: 423.559.8599

Engage Mentoring Program
International Institute of Mentoring
423.559.0173 x. 104
info@IIOM.info



PASTOR'S RECOMMENDATION

If more space is required to elaborate, please attach additional information to this form.

1. How long have you known the applicant? _____ Years _____ Months

2. How well do you know him/her? ☐ By Name/Sight
☐ Casually – Very Little Contact
☐ Fairly Well – Numerous Personal Contact
☐ Very Close Pastoral Relationship

3. To your knowledge has the applicant made a meaningful personal commitment to Jesus Christ?

☐ Yes ☐ No ☐ Not Sure

If No or Not Sure, please comment:

4. Please select the applicant's level of involvement in church activities.

☐ Attends irregularly; Shows little interest
☐ Seldom participates but attends regularly
☐ Cooperative; Usually willing to help
☐ Enthusiastic; Deeply involved

5. What do you consider the applicant's strong points? *(Include positive personal traits.)*

6. What do you consider the applicant's weak points? *(Include negative personal traits.)*

7. Please check **ALL** the terms which best describe the applicant's attitude toward the church and its activities.

<input type="checkbox"/> Warmhearted	<input type="checkbox"/> Enthusiastic	<input type="checkbox"/> Loving	<input type="checkbox"/> Diligent	<input type="checkbox"/> Reliable	<input type="checkbox"/> Arrogant
<input type="checkbox"/> Sympathetic	<input type="checkbox"/> Respectful	<input type="checkbox"/> Tolerant	<input type="checkbox"/> Passionate	<input type="checkbox"/> Trustworthy	<input type="checkbox"/> Overbearing
<input type="checkbox"/> Passive	<input type="checkbox"/> Contemptuous	<input type="checkbox"/> Critical	<input type="checkbox"/> Faithful	<input type="checkbox"/> Isolated	<input type="checkbox"/> Patient

8. This applicant's spiritual influence on his/her peers is: ☐ Positive ☐ Neutral ☐ Negative



PASTOR'S RECOMMENDATION

9. Rate the applicant in the following areas:

	Excellent	Good	Needs Improvement	Poor	No Opportunity to Observe
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian Commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperativeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity and Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. To your knowledge, does the applicant:

☐ Smoke ☐ Drink ☐ Use Illegal Drugs ☐ Participate in Activities That Would Question Their Integrity

Comments: _____

11. Does the applicant have personality traits that impair his/her relationship with others? ☐ Yes ☐ No

Comments: _____

12. Please share any information you may have about the applicant that would help in our evaluation. This information may cover recent experiences or incidents in the applicant's life, or even a general personality appraisal.

Pastor's Signature _____ Date _____



PERSONAL RECOMMENDATION

APPLICANT

Please print clearly with blue or black ink.

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

Name _____
Last First Middle Suffix (Jr, II etc.)

Address _____
Number Street Apt. #

City State/Province Zip/Postal Code Country

Email _____ Cell Phone _____

Please read before distributing form. This form should be completed by an individual unrelated to you, that you have known for at least two years. An immediate family member of the applicant may not fill out this form.

By my signature, I release IIOM to contact my references; furthermore, I waive my right to review any information provided on my behalf.

Applicant Signature _____ Date _____

PERSONAL REFERENCE

Name _____
Last First Middle Suffix (Jr, II etc.)

Address _____
Number Street Apt. #

City State/Province Zip/Postal Code Country

Email _____ Phone _____

Each applicant for admission to the International Institute of Mentoring must submit a recommendation. Serious consideration will be given to your comments; therefore, we ask that you complete the form carefully. Since we request a candid evaluation, we will hold your comments in the strictest confidence. Thank you for your time and assistance.

Please return **ALL** pages of this form directly to:

International Institute of Mentoring
P.O. Box 4700
Cleveland, TN 37320-4700
Fax: 423.559.8599

For more information, contact:

Engage Mentoring Program
International Institute of Mentoring
423.559.0173 x. 104
info@IIOM.info



PERSONAL RECOMMENDATION

If more space is required to elaborate, please attach additional information to this form.

1. How long have you known the applicant? _____ Years _____ Months
2. What has your association with the applicant been? _____

3. How familiar are you with the applicant's spiritual life? ☐ Very Familiar ☐ Familiar ☐ Not Familiar
4. How familiar are you with the applicant's social life? ☐ Very Familiar ☐ Familiar ☐ Not Familiar
5. Please describe the applicant's relationship with their family: _____

6. How does the applicant respond to those in authority? _____

7. With what type of friends does the applicant usually associate? _____

8. To your knowledge, does the applicant:
☐ Smoke ☐ Drink ☐ Use Illegal Drugs ☐ Participate in activities that would question their integrity
Comments: _____

9. What do you see as the applicant's special abilities in their calling? _____



PERSONAL RECOMMENDATION

10. What do you see as the applicant's strengths? _____

11. What do you see as the applicant's weaknesses? _____

12. Rate the applicant in the following areas:

	Excellent	Good	Needs Improvement	Poor	No Opportunity to Observe
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance by Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influence on Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Do you know of any reason why the applicant should not be involved in ministry or be a part of the International Institute of Mentoring.

☐ Yes ☐ No

If Yes, please explain: _____

14. Additional comments _____

Signature _____ Date _____



PERSONAL RECOMMENDATION

APPLICANT

Please print clearly with blue or black ink.

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

Name

Last First Middle Suffix (Jr, II etc.)

Address

Number Street Apt. #

City State/Province Zip/Postal Code Country

Email _____ Cell Phone _____

Please read before distributing form. This form should be completed by an individual unrelated to you, that you have known for at least two years. An immediate family member of the applicant may not fill out this form.

By my signature, I release IIOM to contact my references; furthermore, I waive my right to review any information provided on my behalf.

Applicant Signature _____ Date _____

PERSONAL REFERENCE

Name

Last First Middle Suffix (Jr, II etc.)

Address

Number Street Apt. #

City State/Province Zip/Postal Code Country

Email _____ Phone _____

Each applicant for admission to the International Institute of Mentoring must submit a recommendation. Serious consideration will be given to your comments; therefore, we ask that you complete the form carefully. Since we request a candid evaluation, we will hold your comments in the strictest confidence. Thank you for your time and assistance.

Please return **ALL** pages of this form directly to:

International Institute of Mentoring
P.O. Box 4700
Cleveland, TN 37320-4700
Fax: 423.559.8599

For more information, contact:

Engage Mentoring Program
International Institute of Mentoring
423.559.0173 x. 104
info@IIOM.info



PERSONAL RECOMMENDATION

If more space is required to elaborate, please attach additional information to this form.

1. How long have you known the applicant? _____ Years _____ Months
2. What has your association with the applicant been? _____

3. How familiar are you with the applicant's spiritual life? ☐ Very Familiar ☐ Familiar ☐ Not Familiar
4. How familiar are you with the applicant's social life? ☐ Very Familiar ☐ Familiar ☐ Not Familiar
5. Please describe the applicant's relationship with their family: _____

6. How does the applicant respond to those in authority? _____

7. With what type of friends does the applicant usually associate? _____

8. To your knowledge, does the applicant:
☐ Smoke ☐ Drink ☐ Use Illegal Drugs ☐ Participate in activities that would question their integrity
Comments: _____

9. What do you see as the applicant's special abilities in their calling? _____



PERSONAL RECOMMENDATION

10. What do you see as the applicant's strengths? _____

11. What do you see as the applicant's weaknesses? _____

12. Rate the applicant in the following areas:

	Excellent	Good	Needs Improvement	Poor	No Opportunity to Observe
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance by Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influence on Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Do you know of any reason why the applicant should not be involved in ministry or be a part of the International Institute of Mentoring.

☐ Yes ☐ No

If Yes, please explain: _____

14. Additional comments _____

Signature _____ Date _____