

## **APPLICATION**

## **CONTACT INFO**

•	Name:
•	Address:
•	Email Address:
•	Cell Phone:
•	Age / DOB:
TEL	L US ABOUT YOU
•	Church Home / Length of Attendance:
•	Are you married? Y N (circle one). If yes, anniversary date:
•	Are you engaged? Y N (circle one). If yes, wedding date:
•	If married, is your husband attending a men's program?
•	What previous women's groups have you attended? How long were you involved?
•	How long have you been a Christian?
•	Explain your Salvation experience.
•	If not legally married, are you in a cohabitating (living together) relationship?
•	What specific areas do you struggle with in your walk with Christ? (Examples: unforgiveness, gossip, addictions, pride, family relationships, consistency). Please explain.

•	Do you feel you are ready to allow God to work in your heart in a new way?		
	Woman of Valor is a program that entails a large amount of commitment. Who being the most difficult making WOV a priority in the next nine months? Exploservice to others, accountability to leadership)	lain. (time, financ	es,
	What do you see as your personal strength and/or gifting?		
	What is the best way for your mentor to interact with you on a weekly or biwe texts, personal visit?  TE YOURSELE IN THE FOLLOWING AREAS		s,
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<b>A</b>	TE YOURSELF IN THE FOLLOWING AREAS Not at All Difficult / 5 = Very Difficult  Availability to be at Women of Valor weekly meetings.  Serving in the church and in the community on a monthly basis.	1 2 3 4 5 1 2 3 4 5	S,
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