

MENTORING CERTIFICATION INTAKE

Please complete this paperwork before your first class. This will help to create a clearer focus and direction for your first session.

For your convenience you can type on this form (delete the lines first) and email it back to me. Or, print it, write on it and fax it to me at: 520-749-1938. Remember that Each Person that will be attending the Mentoring Session is to fill out a form. Thanks!

Date: ____ / ____ / ____

Name & Date of Birth _____

Gender _____

Address _____

City, State/Province _____

Zip/Postal Code and Country _____

Phone Numbers _____

Email _____

If you are a minor, name of guardian _____

Name of Spouse or Partner _____

Names and ages Children _____

In Case of Emergency person to contact: _____

Phone number _____ Relationship _____

What three things do you desire to release from your life now? (Be brief and let go of providing any details! I'll explain why at our first session.)

1. _____
2. _____
3. _____

What three things would you LOVE to bring into your life now?

1. _____
2. _____
3. _____

If you didn't have to be concerned about time, money, age, ability or people's opinions, what would you LOVE to do with your life?

By the way, what is your Life Mission? If you don't know what it is, would you like to discover it? Is it to become a mentor like me?

What Three Things, if any, would you like to release concerning your Mentoring Program? (Again, be Brief and let go of providing the details.)

1. _____

2. _____

3. _____

What three things would you LOVE to bring into this Mentoring Program now?

1. _____

2. _____

3. _____

If you didn't have to be concerned about time, money, age, ability or people's opinions, what would you LOVE to create together as a business group?

Now email me this information to pamelaann@ezlightning.com Be sure to put **MENTORING INTAKE INFO** in the subject line so I will know it is from you.

Or Fax this info to me at 520-749-1938. Thanks!

I look forward to our visit,

Pamela Ann