



# ELM

## Mentor Form

Evangelizing Catechesis | Lifelong Formation  
Missionary Discipleship

### Mentee Information

NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PARISH: \_\_\_\_\_ TOWN: \_\_\_\_\_

MINISTERIAL FOCUS: \_\_\_\_\_

### Mentor Information

NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PARISH: \_\_\_\_\_ TOWN: \_\_\_\_\_

CURRENT EMPLOYMENT: \_\_\_\_\_

MINISTERIAL EXPERIENCES: *(Please indicate organization, location, and length of time)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Personal Endorsement

I attest that the information enclosed within this application is honest and true, to the best of my knowledge. I accept that if any of it is found to be misleading or false, the participant for whom it is written may be removed from the ELM program.

This serves as an agreement that the undersigned mentor agrees to serve as such to the undersigned mentee for the entirety of their ELM experience, and will commit to all required components of that program, including but not limited to the preparation of theological reflections, as well as attesting to the ministerial preparedness of the mentee.

If at any time this agreement needs to be reevaluated, amended, or broken, we agree to contact the Office of Education, Evangelization and Catechesis promptly and assist in the search for a new mentor.

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Mentee Signature

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Date

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Mentor Signature

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Date

Please returned signed and completed form to:

Nicole M. Perone

Archdiocesan Director of Adult Faith Formation

Office of Education, Evangelization and Catechesis

467 Bloomfield Avenue

Bloomfield, CT 06002

860-243-9690 (fax)

[nicole.perone@aohct.org](mailto:nicole.perone@aohct.org)