

Wayside House Application for Funding Support for Mentors

Please complete this form by inserting information as applicable below.

Applicant (Name) _____

Address: _____

Email: _____ Phone: _____

Branch Church: _____

Where did you take Christian Science Nurses Training?

Are you a *Journal*-listed Christian Science Nurse? _____

Where are you currently working as a Christian Science nurse?

1. Who are you mentoring?

2. When do you plan to start this activity? _____

3. How long do you plan to mentor this individual?

4. Do you want to come to Wayside House to mentor or are you Mentoring in the field?

5. If you wish to come to Wayside House, are you willing to get vaccinated? Yes ___ No ___
