

We'd like to help you in the most important job you'll ever have...

BEING A PARENT.

A ONE BY ONE MENTOR WILL:

- Support & encourage you
- Meet with you monthly, with weekly contact by phone or text
- Answer your questions
- Share activities & parenting strategies
- Help you capture the story of your child's first year of life

Babies don't come with instructions.
WE ARE HERE TO HELP!



**COMPLETE AN APPLICATION
TO REQUEST A MENTOR TODAY!**



“To the world
you may be **ONE PERSON**
but to one person
you may be
the **WORLD**”

For more information about our mentoring ministry to new and expectant moms please contact:

One by One Ministries
Administrative Offices
Phone: (901) 857-1153

You may fax, email or mail completed application to:

One by One Ministries
PO Box 1686 | Cordova, TN 38088

Fax: (901) 424-1936
admin@onebyoneusa.org

Applications can also be submitted on our website:
www.onebyoneusa.org



One by One[™]
MINISTRIES

**PREGNANT?
BRAND NEW BABY?**

NEED HELP?
We're here for you.

Mentoring and educating new moms to parent well so that children thrive



One by One[™]
MINISTRIES



IT'S COMPLETELY **FREE**
AND **EVERYONE** IS ELIGIBLE!

Visit www.onebyoneusa.org to find out more

HOW DOES ONE BY ONE MENTORING WORK?

STEP 1

Complete an application (can also be done online through our website: www.onebyoneusa.org)

STEP 2

We will text/call you to match you with a Mentor.

STEP 3

Your Mentor will contact you to set up a time for your first meeting.

While your Mentor cannot provide transportation, money or babysitting, she will be a wonderful friend and support person for you.



PARTICIPANT MOM APPLICATION

(Please Print) _____ YES, I would like to have a mentor!

Where did you hear about us? _____

Name: _____

Address: _____

City/State/Zip: _____

Primary Phone # _____ (home/cell/work)

Secondary Phone # _____ (home/cell/work)

Email: _____

Date of Birth: _____ Age: _____ This is my: 1st 2nd 3rd 4th 5th child. (circle one)

Ethnicity (circle one): White Black Hispanic Asian Native American Other

Due Date: _____ If baby is already born, list Birth Date: _____

(Please check one) Do you work? _____ or go to school? _____ or both? _____

What is the best time of day to contact you? _____

My signature below authorizes that I consent to:

- The electronic storage and exchange of my health information, as recorded above, with Coordinators, Mentors and Staff of One by One Ministries.
- The use of photographs of me and/or my child(ren) in One by One publications.

Signature _____ Date _____

Note: If applicant is less than 18 years of age, parental permission is required:

I give permission for _____ to participate in the One by One

Mentoring Program. She is my _____.

(relationship to applicant)

Signature _____ Date _____

TEAR HERE