

Application & Background Information for *Mentee* Couples

Wife	e's Name			
City		State	Zip	
Cell # Husband		Wife		
	Wife's Email			
V	Wife's Date of Birth			
# Prior Ma	# Prior Marriages? Husband		Wife	
gth and areas in which the	ey would like to gr	ow. As you	consider the topics	
,,	Relationshi	p w/Family &	& In-laws	
Communication Resolving Conflicts		Religion/Spiritual Intimacy		
es & Budgeting Time Together/ Companionship		nionship		
ocial Life Leisure Time and Friends		ds		
Affection & Sexuality		Commitment to Marriage		
earing	Education a	and/or Care	er Plans	
the list above and why y	ou see them as	strengths.		
	City Cell # Husbar V # Prior Ma Gender of Children Lastborn Other normally attend? gth and areas in which the posider to be strengths (S) e (I).	Cell # HusbandWife's EmailWife's Date of Bir # Prior Marriages? Husban Gender of Children # Boys Lastborn Ot Ot Wife Ot wife How lor normally attend? How lor ensider to be strengths (S) in your relations to e (I) Relationshise (I) Relationshise (I) Relationshise earing Education are gearing		

Describe 2-3 growth areas and what you think will help you grow in these areas.
What do you hope to get out of the mentoring program?
What questions or concerns do you have about the mentoring program?
Personal Testimonies (please condense to available space)
 Share how you came to have a personal relationship with Christ. (circumstance/events leading up to it.) <u>Husband</u>:
<u>Wife</u> :
2. How has your faith impacted your marriage? <u>Husband</u> :
<u>Wife</u> :
Please return this application to: Lighthouse Christian Center-Marriage Ministry-Mentoring- Everett and Kim Kvamme, 3409 23 rd St SW Puyallup, WA 98373 or email marriage@lighthousehome.org
Revised 09/17/2010
Lighthouse Christian Center (office use only) Date Received
Marriage Mentor Ministry Mentor Couple Assignment Date