

## **Marriage Mentor Application Form**

Last Name				
Husband's Name	Wife	Wife's Name		
Street	City	State	Zip	
Home #	Cell # Husband_	Wife		
Husband's Email	Wife's	Email		
Husband's Date of Birth	Wife's	Date of Birth		
Date of Marriage	# Prior Marria	ages? Husband	Wife	
Number of Children	Gender of Children	# Boys # Girls		
Date of Birth:				
Firstborn	Lastborn	Other		
Other	Other	Other		
below, identify 2-3 areas you con which you would like to improve	(1).		·	
Communication		Relationship w/Family & In-laws		
Resolving Conflicts Finances & Budgeting		Religion/Spiritual Intimacy Time Together/ Companionship		
Social Life		Leisure Time and Friends		
Affection & Sexuality		_ Commitment to Marriage		
Family Planning/Child Rearing		_	ducation and/or Career Plans	
(Feel free to use back of paper to con Describe 2-3 strengths from th		•		
Describe 2-3 growth areas and	what you think will help y	ou grow in these areas.		

Describe the most outstanding crisis you have experienced as a couple and how you dealt with it.
Why do you want to be a marriage mentor?
How would you rate your marriage? 1 2 3 4 5 6 7 8 9 10  Dissatisfied Very Satisfied
Why is this a good time in your marriage to serve as a mentor?
What questions or concerns do you have about the mentoring program?
Personal Testimonies (feel free to use back of paper as well) Share how you came to have a personal relationship with Christ. (Circumstance/events leading up to it.)  Husband:
<u>Wife</u> :
How has your faith impacted your marriage?  Husband:
<u>Wife:</u>
Please return this application to: Lighthouse Christian Center-Marriage Ministry-Mentoring- Everett and Kim Kvamme, 3409 23 <sup>rd</sup> St SW Puyallup, WA 98373 or email to marriage@lighthousehome.org
Revised 9/17/10  LCC (Core Team use only) Date Received: Training
Marriage Mentor Ministry Mentee Couple Assigned