

Marriage Mentor Application Form

Last Name _____

Husband's Name _____ 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 Marriages? Husband _____ Wife _____

Number of Children _____ Gender of Children # Boys _____ # Girls _____

Date of Birth:

Firstborn _____ Lastborn _____ Other _____

Other _____ Other _____ Other _____

Do you and your spouse both attend this church? _____ How long? _____

If NO, what Church do you normally attend? _____

All couples have areas of strength and areas in which they would like to grow. As you consider the topics below, identify 2-3 areas you consider to be strengths (S) in your relationship. Also identify 2-3 areas in which you would like to improve (I).

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|-------------------------------------|---------------------------------------|
| _____ Communication | _____ Relationship w/Family & In-laws |
| _____ Resolving Conflicts | _____ Religion/Spiritual Intimacy |
| _____ Finances & Budgeting | _____ Time Together/ Companionship |
| _____ Social Life | _____ Leisure Time and Friends |
| _____ Affection & Sexuality | _____ Commitment to Marriage |
| _____ Family Planning/Child Rearing | _____ Education and/or Career Plans |

(Feel free to use back of paper to continue answering the below questions)

Describe 2-3 strengths from the list above and why you see them as strengths.

Describe 2-3 growth areas and what you think will help you grow in these areas.

Very Satisfied

Marriage Mentor Ministry Mentee Couple Assigned	Date
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