

Marriage Mentor Application Form

This form is to be completed by each person in a couple.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Wedding anniversary (including year): _____

Children? Y N If yes, provide ages and gender: _____

Previously married? Y N If yes, please explain: _____

How motivated are you to become a marriage mentor?

1	2	3	4	5	6	7	8	9	10
Very Little					Very Much				

Why do you want to be a marriage mentor? _____

Under which of these categories are you most interested in being a marriage mentor?

	Very Little				Very Much		
Preparing for Marriage	1	2	3	4	5	6	7
Maximizing Marriages	1	2	3	4	5	6	7
Repairing Marriages	1	2	3	4	5	6	7

What concerns or fears do you have about becoming a marriage mentor? _____

Are you willing to participate in a bit of training to become a marriage mentor? Y N

How would you rate your marriage?

1	2	3	4	5	6	7	8	9	10
Not Happy					Very Happy				

What will make you a particularly good marriage mentor (note any skills, education, life experience, challenges you've overcome, etc.)? _____

Please describe the most outstanding crisis you have experienced as a couple and how you dealt with it.

How would you rate your individual spiritual life (i.e., your relationship with God)?

1	2	3	4	5	6	7	8	9	10
Nonexistent					Strong				

Please provide your Christian testimony: _____

If you are not selected to be a marriage mentor at this time, are you willing to be considered again later? Y N