

Application & Background Information for Mentee Couples

Last Name _____

Husband's name _____ Wife's Name _____

Street _____ City _____ State _____ Zip _____

Primary Phone # _____ - _____ Secondary Phone # _____ - _____

Email # 1 _____ Email # 2 _____

Husband's Date of Birth (DOB) ____/____/____ Wife's Date of Birth ____/____/____

Date of Marriage ____/____/____ # Prior Marriages? Husband _____ Wife _____

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

DOB
 Firstborn ____/____/____ Lastborn ____/____/____ Middle ____/____/____

If Student, where *husband* _____ *Wife* _____

If engaged, how long have the two of you been together _____?

Do you both attend this church? _____ How regularly _____ 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).

<input type="checkbox"/> Communication <input type="checkbox"/> Resolving Conflicts <input type="checkbox"/> Finances & Budgeting <input type="checkbox"/> Social Life <input type="checkbox"/> Affection & Sexuality <input type="checkbox"/> Family Planning/Child Rearing	<input type="checkbox"/> Relationship w/Family & In-laws <input type="checkbox"/> Religion/Spiritual Intimacy <input type="checkbox"/> Time Together/ Companionship <input type="checkbox"/> Leisure Time and Friends <input type="checkbox"/> Commitment to Marriage <input type="checkbox"/> Education and/or Career Plans
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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.

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)

1. Share how you came to have a personal relationship with Christ. (Circumstance, events leading up to it.)

Husband:

Wife:

2. How has your faith impacted your marriage:

Husband:

Wife:

Please return this application to: Scottsdale Bible Church Mentoring Ministry, 7601 East Shea Blvd., Scottsdale, AZ 85260
Revised 10/22/2010

Scottsdale Bible Church (office use only) Date Received _____
Marriage Mentor Ministry Mentor Couple Assignment _____ Date _____