

Hebron Baptist Church

Marriage Mentor Application Form

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

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Wedding Anniversary (including year): _____

Children? Y N If yes, provide ages & 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 Marriage	1 2 3 4 5 6 7	
Repairing Marriage	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
Very Little Very Much

◆ What will make you a particularly good marriage mentor (note any skills, education, life experiences, 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

◆ Please share your hobbies or other areas of interest _____