

Marriage Mentoree Application Form

We're so glad you are interested in being matched with a marriage mentor couple who will commit to walking alongside you in your marriage. You're making a great decision to get involved in this program. Please take a moment to complete this brief form so we can make the best match possible for you.

Name: _____

Address: _____

City/State: _____ Zip Code: _____

Home Phone: _____ Work/Cell Phone: _____

Email: _____

Wedding anniversary (including year): _____

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

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

How would you rate your marriage? 1 2 3 4 5 6 7 8 9 10
Not Happy Very Happy

For which category are you seeking a marriage mentor?

- Preparing for marriage
- Maximizing your marriage
- Repairing your marriage

In specific terms, what are you hoping that a marriage mentor couple will do for you?

Do you have any unusual scheduling issues that may impact when you can meet with your mentors? _____

Do you have any hobbies or special interests that you enjoy doing as a couple? _____

We both desire to apply and be involved in a marriage mentoring relationship with a mentor couple.

Signed (husband) _____ Date _____

Signed (wife) _____ Date _____

Thank you for providing us with this information. Please mail your completed application to:

Central Christian Church Attn: Family Life Dept. 2900 N. Rock Rd. Wichita, KS 67226;

or email it to "mentorus@ccc.org"