

## Calvary Church Marriage Mentee Application

Submit applications to Lynnell in Calvary Care Offices

[lbok@calvarygr.org](mailto:lbok@calvarygr.org) or 956-9377 x3510

Couple's Names: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Email addresses: \_\_\_\_\_  
(Required) His Hers

Phone numbers: \_\_\_\_\_  
His Hers

Occupation: \_\_\_\_\_  
His Hers

Which of the following describes your relationship:      We are both      One of us is a      Neither of us is a  
Believers in Christ      Believer in Christ      Believer in Christ

Age: \_\_\_\_\_ Highest level of education: \_\_\_\_\_  
His Hers His Hers

How many years have you been married? \_\_\_\_\_ How long were you engaged? \_\_\_\_\_

Have either of you been married previously?    No    Yes

Do you have any children?    No    Yes----If yes, list age(s): \_\_\_\_\_

What pre-marital counseling or other marriage learning activities have you participated in?  
(Please include length, who provided it, & what it covered)

How long have you been attending Calvary Church? \_\_\_\_\_

Other than Sunday Morning Worship Service, please list any other church groups, activities, or ministries you are currently involved in:

Indicate all the possible times you as a couple would be able to meet with a mentor couple?

Daytime of	M	T	W	Th	F	Saturday:	mornings	afternoons	Sunday afternoons
Evenings of	M	T	W	Th	F		evenings		Sunday evenings

What are your activities, interests, & hobbies?

What are the strengths of your relationship?

What are the challenges in your relationship?

What are you hoping will be some of the outcomes for your marriage through this mentoring?

Is there anything you have not been asked that you feel should be included in this application?

