

Marriage Mentoring Ministry

Couples' Application and Biographical Sketch

All information is provided for the exclusive use of the Marriage Mentoring Ministry leadership and is confidential.

All information is given voluntarily and will be used solely for the purpose of matching couples with mentors.

Name _____

Address _____

City _____ Zip Code _____

E-Mail _____ Telephone (Home) _____

Alt. Phone (Wife) _____ Alt. Phone (Husband) _____

Date of Birth (Wife) _____ Date of Birth (Husband) _____

Childrens Name(s)/Age(s) _____

First Marriage? Second Marriage? Reason for dissolution of first marriage:

Wedding Date (Month/Date/Year): _____

Husband's Occupation _____

Wife's Occupation _____

1. What are your goals/expectations as a couple from your Marriage Mentoring Couple? _____

2. Are there other issues that you would like us to know in helping us to match you with a Marriage Mentoring couple? _____

3. Are you currently receiving individual or marital counseling? _____

4. Please use the reverse side of this sheet to indicate specific issues you are encountering as individuals or as a couple (over)

Specific Issues:

<u>Husband</u>	<u>Wife</u>	<u>Couple</u>	<u>Issue</u>
_____	_____	_____	Abuse
_____	_____	_____	Addiction
_____	_____	_____	Anger
_____	_____	_____	Communication
_____	_____	_____	Control
_____	_____	_____	Conflict resolution
_____	_____	_____	Depression
_____	_____	_____	Finances
_____	_____	_____	Health
_____	_____	_____	In-Laws
_____	_____	_____	Infidelity
_____	_____	_____	Parenting
_____	_____	_____	Pornography
_____	_____	_____	Sexual Dysfunction
_____	_____	_____	Sexual Identity
_____	_____	_____	Work
_____	_____	_____	Workaholic
_____	_____	_____	Other _____

Wife's Signature

Husband's Signature

Date

Please return this form to:
NHC Marriage Mentoring Ministry, Attn: Dick & Lee Firtko
11760 88th Place, Maple Grove 55369-4506