Calvary Church Marriage Mentoring Application

Submit applications to Regina in the Pastoral Care Office (Yellow House) rbilski@calvarygr.org or 956-9377 x3672

Couple's Names:								D	ate:	
Address:										
Email addresses: His								Hers		
Phone numbers:										
His								Hers		
Occupation:										
				His					Hers	
Which of the following	g desc	ribes	your	relatio	onship:	We are bo Believers i		One of us is a Believer in Christ	Neither of us is a Believer in Christ	
Age:				Higl	hest lev	vel of educati	ion:			
His		Hers		J				His	Hers	
How many months have you been married? How long were you engaged?										
Have either of you be	en ma	rried	previ	ously?	. No	Yes				
Do you have any child						ado(c).				
Are you able to pay th	e \$35	Prep	oare/E	nrich I	nvento	ory fee? Ye	es No,	we would need so	cholarship	
What pre-marital coul		-			_	-	s have you	ı participated i	n?	
How long have you be	en att	tendi	ng Cal	lvary C	hurch	?				
Other than Sunday Mocurrently involved in:	orning	g Wo	rship S	Service	e, pleas	e list any oth	er church	groups, activiti	ies, or ministries you are	
Indicate all the possib	le tim	es yo	u as a	coupl	e woul	d be able to i	meet with	a mentor coup	 ble?	
Daytime of	М	т	W	Th	F	Saturday:		afternoons	Sunday afternoons	
·		· -		Th		Jacaraay.				
Evenings of	M	Т	W	111	F		eve	nings	Sunday evenings	

What are your activities, interests, & hobbies?
What are the strengths of your relationship?
What are the challenges in your relationship?
What will be the biggest challenge(s) to your being able to be mentored?
Is there anything you have not been asked that you feel should be included in this application?

Please remember that submission of application does not guarantee you will be matched with a mentor. We can only provide mentoring for as many couples as we have mentor couples in supply. Apply soon!