

MARRIAGE OR PRE-MARITAL MENTORING REQUEST

MR. _____
MISS/MRS. _____

CONTACT INFORMATION: (USE SPACE ON BOTTOM OF BACK PAGE IF DIFFERENT ADDRESSES)

Street address City/State/Zip

Phone: _____ Email: _____

MARRIAGE DETAILS:

1. Anniversary/Wedding date: _____
(circle one)

2. Have you ever been divorced? Husband: Yes No Wife: Yes No

3. Children? Yes No 4. If yes, from Both Husband only Wife only

Name of child	Age	Parent (Wife, Husband, Both)

MARRIAGE MATTERS® MENTOREE AGREEMENT

We, _____ and _____, understand that the Mentor Couple we meet with are not professional counselors, but volunteer marriage mentors who agree to share their life experiences with us in an effort to help us strengthen our marriage. We understand that we are responsible for the success of our own marriage and we do not hold our Mentor Couple responsible for the state of our marriage throughout the mentoring sessions or any time thereafter.

Please sign here: _____ Date: _____
Please sign here: _____ Date: _____

PLEASE SEE OTHER SIDE

BY FILLING OUT THE FOLLOWING INFORMATION, YOU'LL HELP US PAIR YOU WITH THE RIGHT MENTOR COUPLE.

For Mentor Couple Use Only. (Please print in dark ink.)

Mentor Couple: _____
Phone & Fax: _____
Address: _____

Organization: _____
FOCCUS Inventory Number: _____

HIS INTERESTS

Occupation?	
Hobbies?	
Pet Peeves?	
Strengths?	
Weaknesses?	
Describe your dream vacation.	
If you had 8 hours to yourself, how would you spend it?	
Birth Year?	

HER INTERESTS

Occupation?	
Hobbies?	
Pet Peeves?	
Strengths?	
Weaknesses?	
Describe your dream vacation.	
If you had 8 hours to yourself, how would you spend it?	
Birth Year?	

How did you hear about Marriage Mentoring?	
Why do you want to be mentored?	

Please return this form in the enclosed envelope or fax to me at (_____) _____. Once we have received your form, signed and completed, we'll match you with a Mentor Couple. You can expect to hear from the Mentor Couple within 7 to 10 days.

Contact _____ at _____ with any questions you may have.