

Profile and Background Information for *Mentor* Couples

Last Name _____

Husband's name _____ Wife's Name _____

Street _____ City _____ State _____ Zip _____

Primary Phone # _____ - _____ Secondary Phone # _____ - _____

Email # 1 _____ Email # 2 _____

Husband's Date of Birth (DOB) ____/____/____ Wife's Date of Birth ____/____/____

Date of Marriage ____/____/____ # Prior Marriages? Husband _____ Wife _____

Number of Children _____ Gender of Children # Boys _____ # Girls _____

DOB

Firstborn ____/____/____ Lastborn ____/____/____ Middle ____/____/____

Employers: (optional) Husband _____ Wife _____

Title/Positions: (optional) Husband _____ Wife _____

Do you both attend SBC? _____ How long? _____ How often? _____

If NO, what Church do you normally attend? _____

Who in our church have you known for a period of time? (ex. Small Group Leader, Enrichment Hour Leader.)

Name _____ Phone# _____

_____ Phone# _____

All couples have areas of strength and areas in which they would like to grow. As you consider the topics below, identify 2-3 areas you consider to be strengths (S) in your relationship. Also identify 2-3 areas in which you would like to improve (I).

<input type="checkbox"/> Communication	<input type="checkbox"/> Relationship w/Family & In-laws
<input type="checkbox"/> Resolving Conflicts	<input type="checkbox"/> Religion/Spiritual Intimacy
<input type="checkbox"/> Finances & Budgeting	<input type="checkbox"/> Time Together/ Companionship
<input type="checkbox"/> Social Life	<input type="checkbox"/> Leisure Time and Friends
<input type="checkbox"/> Affection & Sexuality	<input type="checkbox"/> Commitment to Marriage
<input type="checkbox"/> Family Planning/Child Rearing	<input type="checkbox"/> Education and/or Career Plans

Turn over to the back

Describe 2-3 strengths from the list above and why you see them as strengths.

Describe 2-3 growth areas and what you think will help you grow in these areas.

What strengths do you have to offer the mentoring program?

What questions or concerns do you have about the mentoring program?

Why Is this a good time in your marriage to serve as a mentor?

Personal Testimonies (please condense to available space) Share how you came to have a personal relationship with Christ. (Circumstance, events leading up to it.)

Husband:

Wife:

2.How has your faith impacted your marriage?

Husband:

Wife:

Please return this application to: Scottsdale Bible Church Mentoring Ministry, 7601 East Shea Blvd., Scottsdale, AZ 85260
Revised 10/22/2010

SBC (office use only) Date Received : _____ References checked _____ Training _____
Marriage Mentor Ministry Mentee Couple Assigned _____ Date _____