

# Getting To Know Your Mentoree

(Husband and Wife fill out separate Forms)

We're so glad you are interested in being matched with a Marriage Mentor couple who will commit to walk alongside you in your marriage. Please complete this form so we can make the best match possible for you. When you have completed this form, please return in a sealed envelope to the Coastal Community Church office.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_  cell  home  work Phone: (\_\_\_\_) \_\_\_\_\_  cell  home  work

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

Your Date of Birth: \_\_\_\_\_

Marriage Date: \_\_\_\_\_ How long: \_\_\_\_\_ To Whom: \_\_\_\_\_

OR If Engaged, Date to be Married: \_\_\_\_\_ To Whom: \_\_\_\_\_

How many children do you have: \_\_\_\_\_

Ages of children by gender: male(s) \_\_\_\_\_ female(s) \_\_\_\_\_

How many times have you been married: \_\_\_\_\_

Any children from a previous marriage or relationship: \_\_\_\_\_ How many: \_\_\_\_\_

Ages of children by gender: male(s) \_\_\_\_\_ female(s) \_\_\_\_\_

How old are you: \_\_\_\_\_ How old is your spouse: \_\_\_\_\_

Your Occupation/Work: \_\_\_\_\_

How many years: \_\_\_\_\_

List any medications or drugs (include over-the-counter) you are taking at this time:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If there have been any addictions to drugs, alcohol, etc. in the past, please list them here:

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How long have you been clean from the above addictions: \_\_\_\_\_

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When was the last time you indulged in any of the above addictions: \_\_\_\_\_

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Are you attending any support groups: \_\_\_\_\_

List them: \_\_\_\_\_

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Why are you attending: \_\_\_\_\_

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How has it helped you: \_\_\_\_\_

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How many Professional Counselors have you seen in the past: \_\_\_\_\_

If you are seeing a counselor now, explain: \_\_\_\_\_

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