



Marriage Mentor Application Form

Please fill out **one form for each person** applying to be a mentor and return to the Care office.

Name: _____ Date of Birth: _____

Address: _____ City/State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Email: _____

How long have you been attending Lifegate? _____

Which Lifegate campus do you attend? W. Dodge Papillion Midtown Fremont

List areas of ministry involvement at Lifegate Church (including timeframes): _____

Wedding anniversary (including year): _____

Children? Y / N (If yes, provide ages, names & genders): _____

Previously married? Y / N (if yes, please explain): _____

How motivated are you to become a marriage mentor? 1 2 3 4 5 6 7 8 9 10
Very little Very much

Why do you want to be a marriage mentor? _____

In which of these categories are you most interested in being a marriage mentor?

	Very little					Very much	
Preparing for Marriage	1	2	3	4	5	6	7
Maximizing Marriages	1	2	3	4	5	6	7
Repairing Marriages	1	2	3	4	5	6	7

What concerns or fears do you have about becoming a marriage mentor? _____

Are you willing to participate in training to become a marriage mentor? Y / N

How would you rate your marriage? 1 2 3 4 5 6 7 8 9 10
Not happy Very happy

