

Marriage Savers

of Frederick County Maryland
Pre-Marriage ... Enrichment ... Restoration ... Stepfamilies

Mentoring Request Form

Background Information form for any couple requesting mentoring:

Husband/Fiance' Name _____
Address _____
Phone Number _____
E-Mail _____
Age _____
Employer: *optional* _____
Title/Position: *optional* _____
Church Attending _____

Wife/Fiance' Name _____
Address _____
Phone Number _____
E-Mail _____
Age _____
Employer: *optional* _____
Title/Position: *optional* _____
Church Attending _____

****Only fill out those questions that apply to you:**

If engaged, length of courtship? _____
Have you been married before? Fiance' _____ Fiance'e _____
Any children? _____
Anticipated wedding date _____

If married, how long have you been married? _____
How long were you engaged before marriage? _____
Prior marriages? Husband _____ Wife _____
Any children? _____

Husband/Fiance': Are your parents _____ still married _____ separated _____ divorced?
Wife/Fiancee': Are your parents _____ still married _____ separated _____ divorced?

Do you feel you have good marital role models?

What area of mentoring are you requesting? (Check one)
Pre-marriage _____ Enrichment _____ Restoration _____ Stepfamily Support _____

If seeking Marriage Restoration:

Husband, what do you see as the main problem?

Wife, what do you see as the main problem?

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

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 do you hope to receive from the mentoring program?

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

Please return the completed form to the address below:

Marriage Savers of Frederick County
10105 Kelly Road
Frederick, Maryland 21793
Phone: 301-898-8917 *Email: Bob@marriagesaversfrederick.org