



2277 Rosecrans St., San Diego, CA 92106
619.226.7625 PH
619.223.3863 FX
www.therocksandiego.org

Marriage & Family Mentor/Leader Application

Please submit a separate application for each potential mentor/leader.

Date: _____

Name: _____

Address: _____

City/State: _____ Zip Code: _____

Home Phone: _____ Work/Cell Phone: _____

Best way to reach you: Email/Phone (if by phone, what is the best time to reach you: _____ AM/PM

Email: _____

Under which of these opportunities are you most interested in serving as a Mentor or Leader?

_____ *Pre-Engagement/Relationship Mentor* _____ *Pre-Marital Mentor*
_____ *Marriage Mentor* _____ *Parenting Mentor* _____ *Married Small Group*

How many years have you been married? _____ Anniversary: _____/_____/_____ (include year)

How long were you together before marrying? _____ years _____ months

Previously married? _____ Yes _____ No If yes, please explain: _____

Do you and your spouse have any children? _____ Yes _____ No

If yes, provide ages and genders: _____

Do you or your spouse have any children from a previous marriage? _____ Yes _____ No

If yes, provide ages and genders: _____

How motivated are you in becoming a mentor/leader in this ministry?

1 2 3 4 5 6 7 8 9 10
Very Little Very Much

How would you rate your marriage?

1 2 3 4 5 6 7 8 9 10
Not Happy Very Happy

Why do you desire to be a mentor/leader in this ministry?

