

Please Note: This is a skill-building course; it is **not** counseling. There is a \$50 fee for materials. The hour-long sessions will be on Monday evenings at 7pm or 8pm for 6 weeks. Please answer the following questions to the best of your ability. Each spouse must complete his/her own application **without comparing answers**.

Full Name: _____ Age: _____ Birth Date: _____

Male Female Phone: _____ Can we leave a message? Yes No

Email: _____ Preferred contact method: Phone Email

Address: _____

Spouse's Name: _____

ETHNICITY

African/African American Asian Hispanic Native American Pacific Islander White
 Other: _____ Prefer not to answer

EDUCATIONAL LEVEL COMPLETED

High School Some college
Last Grade Completed: _____ Four-Year Degree; Major: _____
 GED Graduate Degree: _____
 Community College Post-Graduate: _____
 Vocational School/Training

CURRENT EMPLOYMENT STATUS (choose all that apply)

Full Time Retired Work from Home
 Part-Time Unemployed At Home Parent
 Self-Employed Disability Assistance

How long have you been married? _____

GOALS OF MARRIAGE COMMUNICATION SKILLS SESSIONS

- COMMITTING to a partnership with your spouse
- CARING actively for self, spouse, and us
- CONSIDERING life's concerns and opportunities
- COMMUNICATING with skill to connect
- COOPERATING to resolve issues
- CELEBRATING our life together
- CONTRIBUTING to life around us

Can you commit to making these your goals for your marriage as you learn new communication skills?

Yes No Please comment: _____

What do you see as the greatest need in your marital relationship?

Is there anything else that would be helpful for your instructor to know about you?

Additionally, we ask each spouse to complete an assessment prior to class. To do this, go to:
focusonthefamily.com/themarriageassessment/ and click on: **Take assessment now**

Complete the assessment and fill in your name and email address. Then print the assessment and **send it in with your completed application.**

Each spouse must complete a separate application. You may download and print one directly from our website: compassioncounseling.org or call our office at 507-208-8822 to request a copy of the form.

Please mail your completed assessments and applications to:

Compassion Counseling Center
5500 25th Ave NW
Rochester, MN 55901

After we review your applications, you will receive a call letting you know if you have been accepted. If accepted, you will arrange a time to pick up your Collaborative Marriage Skills materials. Payment for these class materials (\$50.00) may be made when you pick them up. Please plan to read the first chapter of your materials prior to your first session.

If you have additional questions, please call us at 507-208-8822.

Signature _____ Date _____

Privacy Disclosure: Compassion Counseling Center promises to the applicant that the information provided in this document will be kept strictly confidential. No information will be sold or given to any individual or company. No information on this application will be shared with anyone other than essential CCC staff and instructors without your written consent.