

## **Unified Steps Marriage Communication Bootcamp Application**

Please Note: This is a skill-building course; it is coaching **NOT** counseling. There is a \$50 fee for materials per person. 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 □Emai |
| Address:  |  |
| Spouse's Name:  |  |
| ETHNICITY   |  |
| □ African/African American □ Asian □ Hispanic □ Native Am   |  |
| Other: Prefer not to ans  | wer                                    |
| EDUCATIONAL LEVEL COMPLETED   |  |
| ☐ High School ☐ Some college  |  |
| Last Grade Completed: ☐ Four-Year Degree; M   | ajor:                                  |
|   |  |
| ☐ Community College ☐ Post-Graduate:  |  |
| ☐ Vocational School/Training  |  |
| CURRENT EMPLOYMENT STATUS (choose all that apply)  ☐ Full Time ☐ Retired ☐ Wo ☐ Part-Time ☐ Unemployed ☐ At H ☐ Self-Employed ☐ Disability Assistance   |  |
| How long have you been married?   |  |
| <ul> <li>GOALS OF UNIFIED STEPS MARRIAGE COMMUNICATION B</li> <li>COMMITTING to a partnership with your spouse</li> <li>CARING actively for self, spouse, and us</li> <li>CONSIDERING life's concerns and opportunities</li> <li>COMMUNICATING with skill to connect</li> <li>COOPERATING to resolve issues</li> <li>CELEBRATING our life together</li> <li>CONTRIBUTING to life around us</li> </ul> | SOOTCAMP SESSIONS                      |
| Can you commit to making these your goals for your marriage a   | s you learn new communication skills?  |
| □Yes □No Please comment:  |  |
|   |  |



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By initialing here I understand that I am committing to attend all 6 one-hour Unified Steps Marriage Communication Bootcamp sessions. Each lesson builds on the previous lesson. If you get behind it will be very difficult to catch up and you may be asked to withdraw. Are you willing to commit to completing the homework, reviewing, practicing, and reading the weekly lesson in advance?  $\Box$ Yes  $\Box$ No For the following four questions/statements, please circle the number that most closely fits you. How important are spiritual/faith issues in learning new skills? Not at all important Somewhat Important Very important 1 \_\_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4 \_\_\_\_ 5 How important is prayer? Not at all important Somewhat Important Very important 1 \_\_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4 \_\_\_\_ 5 My life is filled with meaning. Neutral Disagree Strongly Agree \_\_\_\_\_2\_\_\_\_3\_\_\_\_4\_\_\_\_5 I have hope for the future. Disagree Neutral Strongly Agree 1 \_\_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 I find meaning in relationships with others. Neutral Strongly Agree 1 \_\_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 Do you have any specific faith beliefs? □YES □NO ☐ Agnostic ☐ Hinduism ☐ Atheist ☐ Islam ☐ Buddhism ☐ Judaism ☐ Christianity, please specify ☐ Not sure denomination: ☐ Other, Please specify: \_\_\_\_\_ Are you involved in a faith community or place of worship?  $\Box$ Yes  $\Box$ No What do you see as the greatest strength in your marital relationship?

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| 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: https://www.focusonthefamily.com/themarriageassessment/ and click on: <b>Take assessment now</b>   |  |  |
| Complete the assessment and fill in your name and email address. Then print the assessment and upload it and send it in with your completed application.   |  |  |
| <b>Each spouse must complete a separate application.</b> You may download and print one directly from our website: thecompassionclinic.org or call our office at 434-429-8813 to request a copy of the form.   |  |  |
| Please email your completed assessments and applications to:  The Compassion Clinic Counseling Resource Center   |  |  |
| compassioncclinicresources@gmail.com   |  |  |
| 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 per person) may be made when you pick them up. Please plan to read the first chapte of your materials prior to your first session. |  |  |
| If you have additional questions, please call us at 434-429-8813.  |  |  |
| Signature Date   |  |  |
| <b>Privacy Disclosure:</b> The Compassion Clinic Counseling Resource 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   |  |  |

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any individual or company. No information on this application will be shared with anyone other than essential

TCCCRC staff and instructors without your written consent.