



APPLICATION FOR LAY COUNSELING SERVICES

(CONFIDENTIAL)

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

Email: _____

Age: _____ Gender : _____

Occupation: _____

Education Level: _____

Have you ever been arrested? YES NO If yes, record of arrests: _____

Marital Status: Single Married Separated Divorced Widowed

Do you have Children: YES NO If yes, their age(s): _____

Do they live with you: YES NO

SELF-STATUS - Please write as much as you would like. Use the back of this sheet if needed.

What best describes you? (Check all that apply)

- | | | | |
|------------------------------------|-----------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Violent | <input type="checkbox"/> Moody | <input type="checkbox"/> Blue |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Suicidal | <input type="checkbox"/> Excitable | <input type="checkbox"/> Self-conscious |
| <input type="checkbox"/> Lonely | <input type="checkbox"/> Calm | <input type="checkbox"/> Introvert | <input type="checkbox"/> Hardworking |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Nervous | <input type="checkbox"/> Good-natured | |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Afraid | <input type="checkbox"/> Extrovert | |

Other, please explain: _____

SELF-STATUS (continued)

Why do you feel you need counseling? _____

What have you already done about this problem? _____

What expectations do you have of your lay counselor? _____

Have there been any recent changes in your life? _____

PHYSICAL HEALTH

Medical Issues : _____

EMOTIONAL HEALTH

1. Have you ever been depressed? YES NO , If yes, how do you cope with it:
 Drinking
 Smoking cigarettes
 Working harder than usual at home or job
 Taking a antidepressants or other mediations
 Talking it over with friends or relatives
2. Do you have problem with sleep? YES NO , If Yes please describe, _____

3. Have you lost interest in your hobbies? YES NO
4. Do you worry a lot? YES NO , If yes, what do you worry about? _____

5. Have you ever had suicidal thoughts? YES NO If Yes, when last time you had them: Years ago Last year Last week
6. Have you experienced hallucinations/paranoia? YES NO
7. Do you smoke cigarettes? YES NO , If yes, how much? _____
8. Do you drink? YES NO , If Yes, how much? _____
 - a) Have close relatives or friends ever worried or complained about your drinking?
YES NO
 - b) Have you had black outs/ seizures/ hallucinations after drinking?
YES NO

EMOTIONAL HEALTH (CONTINUED)

9. Do you use any illegal drugs? YES NO

10. Have you ever visited a doctor, psychologist, social worker, counselor or clergyman for help with an emotional problem? YES NO If Yes, how Long ago:

11. Are you Taking Medications Prescription OTC Herbals.

Please List them: _____

SPIRITUAL HEALTH

Are you a member (or regular attendee) of Grace Fellowship? YES NO

How often do you attend church? Sometimes Regularly I Don't

Have you accepted JESUS CHRIST as you personal Savior? YES NO

Describe your born again conversion or religious experience: _____

Do you read the bible? Sometimes Regularly NO

Do you read devotional literature? Sometimes Regularly NO

Do you pray? Sometimes Regularly NO

Do you attend a Small Group? Sometimes Regularly NO

Were you raised in a Christian home? YES NO

What religion were your parents? _____

YOUR FAMILY

Mother:

Is your Mother, Living or Deceased , If Deceased, When? _____

Alcohol / Drug Use / Mental Disorder: _____

Father:

Is your Father, Living or Deceased , If Deceased, When? _____

Alcohol / Drug Use / Mental Disorder: _____

Describe your relationship with your parents:

Growing up: _____

Now: _____

Describe your relationship with your spouse, if married: _____

Describe your relationship with your children, if you have children: _____

Describe your any other family relationship (siblings , in laws) :

YOUR SOCIAL ENVIRONMENT

Do you like your job? YES NO

Describe your relationship with friends/ co-workers: _____

What are your hobbies? _____

Thank you for taking the time to complete this application for Lay Counseling Services. Please understand that the Counseling is Biblical based and provided by non professionals. Someone from the Lay Counseling Ministry will review your application and contact you shortly.

May God bless you with Grace and Peace.

Applicant Signature Date

Please leave completed application in a confidential envelop in the mail slot for lay counseling miniistry located in the church office reception area.