

For Office Use Only

Date Received _____ Date Contacted _____ Date Assigned _____

Appointment Date and Time _____ Minister/Pastor _____

Entered in Excellence _____ Notes _____ Ministry Agreement on File _____

Trinity Fellowship Church Ministry Packet

Today's Date _____ Name _____ Sex _____

Marital Status _____ Name of Spouse _____ Date of Birth _____

Address _____ City _____ ST _____ Zip _____

Day phone number _____ Evening and/or Cell phone _____

Email Address _____

What is your church background? _____ What church do you regularly attend? _____

How did you hear about this ministry? _____

What times on a weekday are you available? _____

Please answer these questions thoroughly. Feel free to use the back for additional space when needed.

A. Ministry Information

1. What do you want to see accomplished during this ministry time? Have you had any ministry in the past? If so, please explain and include all counselors'/ministers' names.
2. Are you currently in counseling/ministry for any reason? _____ If yes, whom are you seeing and for what purpose?

B. Spiritual Information

1. What does Jesus Christ mean to you?
2. Describe your church involvement, if any.
3. Please check all that apply:
_____ I am saved. _____ I have been water baptized. _____ I have been baptized in the Holy Spirit.

___ I have a prayer language. ___ I pray regularly. ___ I read my Bible regularly.

___ I attend a Community Life Group. If yes, which one(s)?

C. Life Experiences Information

1. Have you experienced any grief/losses that have impacted your life? Explain. Use the back if necessary.
2. Have you experienced or witnessed traumatic events? (These may include sexual, physical, or verbal abuse, rejection, abandonment, betrayal, accidents, death, serious illness, personal failure, etc.) Please explain. Use the back of this page if needed.
3. Were you sexually abused as a child? _____. If yes, have you received help in this area? _____ Please use the back of this page to give any details about this experience.
4. Can you identify any negative/harmful ways of thinking in your life? Explain.
5. Explain any areas of struggle you observe that are persistent in your family history.
6. Do you now have or have you ever had suicidal thoughts, feelings, or actions? Please explain.
7. Are there any negative words or phrases that you consistently repeat to yourself or have been repeatedly said to you or about you? Please explain.
8. What is your most difficult emotion right now?

D. Relationship Information

1. With whom are you living now, and what is your relationship to this person(s)?
2. If you are married, how long have you been married? _____ If you are separated, how long have you been separated? _____ Why are you separated?
3. Have you been married or in a co-habiting sexual relationship before? _____

If so, how many times? _____

4. Briefly describe each relationship and why it ended.

5. How many children/step-children do you have? _____ How would you describe your relationship with each of them?

6. Describe your father/step-father when you were a child.

7. Describe your mother/step-mother when you were a child.

8. Describe your relationship with your dad/step-dad when you were a child.

9. Describe your relationship with your mom/step-mom when you were a child.

10. List anyone against whom you have any unforgiveness, offenses, bitterness, resentment, anger, etc. Explain how each of these persons caused hurt in your life?

E. Physical and Emotional Hurts

1. Describe your physical health, past and present. (Include chronic illnesses, addictions, poor habits, sleep problems, etc.) List any medications you are taking and why.

2. Check all areas that apply.

	Past Struggle	Current Struggle	Explanation:
Addiction	€	€	_____
Anger/Rage	€	€	_____
Anxiety or Worry	€	€	_____
Control/Manipulation	€	€	_____
Being Critical	€	€	_____
Cursing/ Inappropriate Language	€	€	_____
Depression	€	€	_____
Failure	€	€	_____
Fear	€	€	_____
Guilt - Excessive	€	€	_____
Hatred	€	€	_____
Jealousy/Envy	€	€	_____
Loneliness	€	€	_____
Lying	€	€	_____
Perfectionism/ Performance	€	€	_____
Pessimism	€	€	_____
Prejudice	€	€	_____
Pride	€	€	_____
Procrastination	€	€	_____
Rebellion/Stubbornness	€	€	_____
Rejection	€	€	_____
Self-hatred	€	€	_____
Sexual Immorality	€	€	_____
Homosexuality	€	€	_____
Lust	€	€	_____
Pornography	€	€	_____
Shame/Inferiority/ Inadequacy	€	€	_____
Thoughts - Obsessive	€	€	_____

F. Unforgiveness-Check all that you have bitterness, resentment, anger, etc. towards:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> God | <input type="checkbox"/> Stepparents | <input type="checkbox"/> Employees |
| <input type="checkbox"/> Self | <input type="checkbox"/> Step-children | <input type="checkbox"/> Teachers or other authority figures |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Siblings | <input type="checkbox"/> Institutions (church, school, etc) |
| <input type="checkbox"/> Ex-spouse(s) | <input type="checkbox"/> Step-siblings | <input type="checkbox"/> Pastors or other church leadership |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Friends | <input type="checkbox"/> Other |
| <input type="checkbox"/> Father | <input type="checkbox"/> Co-workers | |
| <input type="checkbox"/> Children | <input type="checkbox"/> Employers | |

G. Willful Sin

1. Do you struggle with sinful behavior that you are unable, or unwilling, to repent and/or change? Explain.
2. Describe any past or present involvement in the occult, false religion, or Freemasonry.

H. Hurts and Traumas

Please check all that you have been a witness to or experienced in your life. Please explain on back.

- | | |
|--|--|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> Personal failures |
| <input type="checkbox"/> Abuse (physical, sexual or emotional) | <input type="checkbox"/> Prejudices |
| <input type="checkbox"/> Accidents or near death experiences | <input type="checkbox"/> Rejection |
| <input type="checkbox"/> Betrayal | <input type="checkbox"/> Satanic Worship Rituals |
| <input type="checkbox"/> Death of a loved one | <input type="checkbox"/> Serious Illnesses |
| <input type="checkbox"/> Injustices | <input type="checkbox"/> Painful Loss |
| <input type="checkbox"/> Neglect | <input type="checkbox"/> Other |
| <input type="checkbox"/> Nightmares | |

I. Generational Issues and Unhealthy Soul Ties

1. List any unhealthy, damaging behavior or sin that has been prevalent in your family history.
2. List any negative or hurtful words/phrases said to you or about you.
3. Soul ties are created between sexual partners and between individuals as a result of unhealthy relationships. (Co-dependency) List anyone with whom this might apply in your life.

J. Mental Strongholds

1. List any destructive or negative patterns of thinking. What justification do you use to continue these patterns of thinking?
2. Do you have any prejudices about yourself or others in areas such as race, religion, intellectualism, etc? Explain.

3. Explain anything you fantasize about.

G. PLEASE COMPLETE THE FOLLOWING QUESTIONS IF YOU ARE SEEKING MARRIAGE MINISTRY

1. How long have you been married to your spouse? _____ Did you and your spouse have a sexual relationship before you were married? _____
2. Why did you marry your spouse?
3. Describe your spouse today.
4. Give a detailed description of your marriage today.
5. How have you hurt your spouse?
6. How has your spouse hurt you?
7. If you are separated, how long have you been separated? _____ Why did you separate, and with whom are you now living?
8. Are you willing to sacrifice whatever it takes to see God restore your marriage? _____

E. Other Information

Is there any other information you would like for us to know regarding your ministry appointment?

Trinity Fellowship Church

Ministry Agreement

Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Work/Cell Phone: _____

Church Affiliation _____

Please initial each paragraph indicating that you understand and agree to it.

____ 1. I understand that this is a church-based Christian ministry providing pastoral and ministry counseling in individual and group settings, and that the counsel is not given by professional counselors but by pastoral staff and lay-ministry counselors who are not licensed as professional counselors. Texas does not require such licensing in this type of spiritual ministry.

____ 2. I understand that the ministry I receive is Bible based, and the ministry of Jesus is the model for ministry.

____ 3. I understand that under normal circumstances, my identity and everything I discuss with my pastor/lay-ministry counselor will be held in strict confidence. However, I am aware there are some situations in which my pastor/lay-ministry counselor may be required by law or deem it necessary to report information to the proper authorities without my permission or knowledge. These situations may include, but not be limited to: a counselee's indications of harm to self or others, involvement in a felony, suicidal intentions, and/or reasonable evidence of child or elder abuse or neglect. My pastor/lay-ministry counselor may also disclose information in response to a subpoena issued by a court of law.

____ 4. I understand and agree that if I occupy a leadership or ministry position at Trinity Fellowship, my minister may also disclose information to the person in authority over me, in the event he/she deems it relevant to my fitness or ability to fulfill my position.

____ 5. I understand that all ministry files are the property of Trinity Fellowship and are solely within its discretionary disposition and control. I agree that the contents of my file may be maintained or destroyed at the sole discretion of Trinity Fellowship. I understand that officially recognized church staff and lay-personnel may also have limited access to my pastoral file. Any other person seeking access to my ministry file may do so only with my written permission. However, I understand that Trinity Fellowship cannot guarantee complete confidentiality with regard to the information received from me.

____ 6. I understand that complete confidentiality cannot be guaranteed in the reception area.

____ 7. I understand that if I am seeking help for my minor child, that I may be asked to be actively involved in any ministry that is extended to him/her.

____ 8. I understand that my ministry is limited to the time frame of this session and does not provide for any promises of future ministry at Trinity Fellowship.

(Over, please.)

____ 9. I understand that at times the pastor/lay-minister may recommend that I seek help from a licensed professional and that referrals do not imply that Trinity Fellowship will be responsible for the payment of their fees.

____ 10. I agree to raise any concerns or questions about this agreement with my pastor/lay-ministry counselor at the earliest possible time, in order to resolve them in my best interest.

____ 11. I agree that this agreement will govern all relations involved during the term of this ministry process. I also agree that any disputes or modifications of agreement will be determined directly between the individuals involved; if satisfactory results cannot be reached, then I further agree that disputes and disagreements will be taken to the Trinity Fellowship Board of Elders for mediation. In the event that a satisfactory resolution is not achieved, then I further agreed that a mutually acceptable third-party mediator will be utilized. I agree that all expenses incurred will be the responsibility of the party bringing the dispute.

____ 12. I am here voluntarily. I understand I am free to terminate my participation and leave at any time for any reason. I agree to take full responsibility for any and all consequences for prematurely terminating any ministry intervention given for or on my behalf. I also agree that once I leave here today, I accept full responsibility for any choices I make that may be detrimental or harmful to me.

____ 13. I agree to assume all risks inherent in participating in the ministry process including, but not limited to, physical, mental, and emotional responses and reactions as a result of this ministry. I further agree that if any portion of this Agreement is held invalid, all other conditions of this Agreement will remain in full force and effect. This Agreement contains the entire agreement between the parties in regard to my receiving ministry at Trinity Fellowship Church.

____ 14. I release Trinity Fellowship and any person or entity associated with the church or its representative from liability for all acts performed in good faith and without malice in connection with this ministry experience.

My signature below shows my understanding and agreement to the terms herein stated. It is free from pressure or influence from any person or entity.

Signature: _____

Date: _____

(For Office Use Only)

Initial Appointment: _____