

Request for Spiritual Care

Name		Age
Spouse		Spouse's Age
Address		Home Phone
City	Zip	Email address: (this will be the primary method of contact)
Church background	Current Church Attending / How Long?	Member? / How Long?
Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long have you been married: _____		Number of times you've been married: _____
Number of children	Ages	

How did you hear about the Family Care Center? _____

Applicant

PLEASE ANSWER THESE QUESTIONS:

Spouse

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you asked Jesus Christ to be the Lord and Savior of your life?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you been baptized with the Holy Spirit with evidence of speaking in tongues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you completed the "Getting a Grip on the Basics" class?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has, or is anyone at VFC ever offered spiritual guidance to you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever sought outside counseling for this particular issue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you currently in outside counseling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Where?				

Applicant

For which area(s) are you requesting spiritual guidance?

Spouse

<input type="checkbox"/> Addiction <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Parenting <input type="checkbox"/> Doctrinal Questions <input type="checkbox"/> Pre-Marital <input type="checkbox"/> Family Issues <input type="checkbox"/> Spiritual Growth <input type="checkbox"/> Finance <input type="checkbox"/> Grief <input type="checkbox"/> Women's/Men's issues <input type="checkbox"/> Healing	<input type="checkbox"/> Addiction <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Parenting <input type="checkbox"/> Doctrinal Questions <input type="checkbox"/> Pre-Marital <input type="checkbox"/> Family Issues <input type="checkbox"/> Spiritual Growth <input type="checkbox"/> Finance <input type="checkbox"/> Grief <input type="checkbox"/> Women's/Men's issues <input type="checkbox"/> Healing
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Please relate briefly the matter for which you are requesting spiritual guidance:

What do you hope to receive (what are your expectations) regarding the outcome of this appointment?

Why did you choose to come in for guidance at this time?

What have you done about this issue and is there any other information we should know?

Desired meeting time: [] Monday night 6:30 p.m. [] Saturday 6:00 p.m.

STATEMENT OF UNDERSTANDING

Each person requesting spiritual care (i.e. biblical guidance or input) should read carefully and initial each point in the following Statement of Understanding. If seeking spiritual guidance as a married couple, it is necessary that each spouse read carefully and initial each of the points below.

- | | <u>Initials</u> | <u>Spouse Initials</u> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------|
| 1. The Member/Attendee seeks and requests of his/her own free will to receive spiritual care from VFC. | _____ | _____ |
| 2. The Member/Attendee understands that VFC only offers spiritual care. Those desiring legal, medical or professionals counseling (i.e., psychiatric or psychological counseling) are recommended to seek such assistance through appropriate channels. The staff members of VFC are not licensed professional counselors and are not offering counseling. | _____ | _____ |
| 3. The Member/Attendee understands that spiritual care is being provided at VFC at no cost by a licensed or ordained minister or a layperson designated by the staff to offer spiritual care. | _____ | _____ |
| 4. The Member/Attendee understands that all records pertaining to the offering of spiritual care are the exclusive property of VFC, not of the Member/Attendee. | _____ | _____ |
| 5. All communications involved in the offering of spiritual care are treated as confidential. However, it is to be understood that certain exceptions could occur, such as:
a. The spiritual care provider seeking the corporate care of other church staff members.
b. When required under Michigan law, including but not limited to, the disclosure of physical or sexual abuse under applicable reporting statutes.
c. Under lawful order or subpoena of any civil or criminal court with proper jurisdiction.
d. In case of threats of suicide and/or homicide when the minister determines there is a serious threat to the life of the one seeking spiritual guidance or a third party. | _____ | _____ |
| 6. In order to receive spiritual care at VFC, all associated or involved parties freely and voluntarily agree to release forever VFC, its ministers, staff, directors, spiritual care providers, officers, board members and other representatives from any and all liability, claims, losses or damages. This statement of understanding acts as a release and is binding on my heirs, assigns or successors in interest in my capacity. | _____ | _____ |
| 7. In consideration for the spiritual care services of the Spiritual Care Provider (SCP) and of Valley Family Church, attendee acknowledges and agrees that he or she shall not subpoena the SCP or the Church to appear at any deposition, hearing, conference, or trial regarding (1) the content of spiritual care services or (2) any matter discussed, disclosed, or omitted by attendee in any spiritual care session. | _____ | _____ |
| 8. The offering of spiritual care may be terminated at any time by the mutual consent of both parties or at the request of either party. | _____ | _____ |

Signature	Date
Signature of spouse (if participating)	Date

Mail this completed form to:
Valley Family Church
Attention: Pastoral Care Dept.
2500 Vincent Ave; Kalamazoo, MI 49024