



Biblical Guidance Application

PERSONAL INFORMATION:

Name _____

Age _____ Sex Male Female

Address/City/Zip: _____

Phone: Home _____ Cell _____

Email _____

FAMILY INFORMATION:

Married Separated Divorced Single

Name of spouse: _____

Date Married: _____

Number of Children _____ Name/Ages of Children:

1. _____

2. _____

3. _____

Have you been married previously? Yes No If yes, how many times? _____

Have there been any deaths in the family in the past two years? Yes No

EMPLOYMENT INFORMATION:

Are you employed? Yes No Where?:

How long have you been at this position? _____

Is your spouse employed? Yes No Where?:

How long has he/she been at this position? _____

SPIRITUAL INFORMATION:

Have you received Jesus Christ as your Savior: Yes No Uncertain

If yes, When? _____

How often do you pray? Daily Weekly Occasionally Never

Do you read the Bible? Regularly Occasionally Never

Is STN your home church? Yes No How Long? _____

How many times per month do you attend church? _____

Have you been baptized in water since you received Christ? Yes No If no, would you like to learn more about how and why you should be baptized? Yes No

Has your spouse received Jesus Christ as their Savior: Yes No Uncertain

If yes, when? _____

How often does your spouse pray? Daily Weekly Occasionally Poorly

Does your spouse read the Bible? Regularly Occasionally Never

Is STN your spouse's home church? Yes No How long? _____

HEALTH INFORMATION:

Rate your health: Very Good Good Average Poor

Please list any significant illnesses, injuries, or handicaps:

Please list any medication(s) you are presently taking:

Have you had any professional counseling before? Yes No

Do you now use alcohol or drugs? Yes No

Counselor: _____

Phone: _____

Date (s): _____

BRIEFLY ANSWER THE FOLLOWING QUESTIONS

What are your main problems or areas of concern?

What have you done to resolve this problem?

Please describe what person(s), situation(s) or activities that seems to trigger this problem or make it worse.

WELCOME TO YOUR BIBLICAL GUIDANCE SESSION

We are pleased to serve you in the area of biblical guidance. In order to provide the best care possible, Save The Nations must limit the number of sessions to no more than three (3) sessions, which will last approximately one (1) hour each. We our best to ensure that you meet with the same biblical guidance team member, however, this is subject to scheduling and availability. Confidentiality is of primary importance. Consequently, we adhere to very strict standards regarding the release of records and/or information related to you or your family, for your protection. See the Release of Liability Form below for disclaimers. In order to best meet your needs, all sessions are conducted by appointment only. Please remember that in the event of a life threatening emergency you should call 911. You may contact the office during office hours, Tuesday through Thursday between 10 am and 5pm at 954-358-1262 for all other requests.

Please sign below, we cannot begin pastoral biblical guidance sessions without all signatures in all indicated areas. Thank you.

RELEASE OF LIABILITY AND CONFIDENTIALITY AGREEMENT

I, _____, enter into this Agreement with Save The Nations, to confirm in this Agreement with conditions of my participation in **pastoral biblical guidance sessions** to be performed by the Pastors and/or ministerial staff of Save The Nations.

I acknowledge that I have voluntarily agreed to participate and request **pastoral biblical guidance sessions** from the Pastors of Save The Nations and I enter into this Agreement on my own free will. I acknowledge that it is my responsibility to ascertain my own need for professional counseling or therapy and to seek such professional services, as needed. I am aware that my participation in **pastoral biblical guidance sessions** is not to be construed or a substitute for psychiatric treatment, psychotherapy, therapeutic counseling, or any other form of professional counseling or therapy.

I am voluntarily participating in **pastoral biblical guidance sessions** and I accept complete responsibility for my own psychological, mental, emotional, social, and spiritual well-being. For and in consideration of my voluntary participation in **pastoral biblical guidance sessions**, I, on behalf of myself and my assigned heirs, executors, guardians and other legal representatives release, discharge, waive and forever relinquish Save The Nations (including its agents, employees, officers, directors, and any members of Save The Nations staff) from any and all claims, known or unknown, arising out of or in any way connected with my participation or involvement in **pastoral biblical guidance sessions** including but not limited to, any information provided to me or statements made during such **pastoral biblical guidance sessions**.

Further, I, on behalf of myself and my assigns, heirs, executors, guardians and other legal representatives, release, discharge, waive, and forever relinquish any actions or causes of action whatsoever which may later arise, and I agree that under no circumstances will I or my assigned heirs, executors, guardians and other legal representatives, prosecute or present any claims against, sue or seek to attach the property of Save The Nations including (Save The Nations agents, employees, officers, and directors and any other members of the Save The Nations staff and that I waive all actions, claims, or demands that I now or hereafter may have, for any injuries suffered by me during my participation or involvement in **pastoral biblical guidance sessions**, resulting from any acts or omissions by **pastoral biblical guidance sessions** or any of its agents, employees, officers or directors or resulting from the acts or omissions of any other participant in **pastoral biblical guidance sessions**.

I, for myself, and my assigned heirs, executors, guardians and other legal representatives, hereby agree that in the event any claim for damages shall be prosecuted against Save The Nations (or its agents, employees, officers, and directors or any other members of the Save The Nations staff) as a result of my acts or omissions, that I, or my estate, shall indemnify and save harmless Save The Nations staff its agents, employees, officers, and directors or any other members of the church staff, from any and all claims or causes of action by whomever and wherever made or presented for damages including the cost and expense of defending the same.

I UNDERSTAND AND AGREE THAT THIS RELEASE AND WAIVER OF LIABILITY CONSTITUTES A COMPLETE WAIVER OF MY RIGHT TO SUE AND COLLECT DAMAGES FROM SAVE THE NATIONS (INCLUDING ITS AGENTS, EMPLOYEES, OFFICERS, AND DIRECTORS, OR ANY OTHER MEMBER OF THE SAVE THE NATIONS STAFF) REGARDLESS OF WHETHER

SAVE THE NATIONS (INCLUDING ITS AGENTS, EMPLOYEES, OFFICERS, AND DIRECTORS, OR ANY OTHER MEMBER OF SAVE THE NATIONS STAFF) ACTED NEGLIGENTLY.

I further acknowledge and understand that any informal provided during **pastoral biblical guidance sessions** or any other statement made during the session (s) shall be considered confidential and shall not be disclosed except as required by law. If any portion of this release of liability agreement is declared invalid or unenforceable by a final judgment of a court of competent jurisdiction, I hereby agree that such determination shall not affect the balance of this release as liability agreement, but this release of liability agreement shall remain in full force and effect, as such invalid portion shall be deemed severable, I represent and warrant that I am at least eighteen (18) years of age and that I have carefully read all three pages of this Agreement and fully understand its contents, terms and significance and understand the legal consequences of signing this Agreement. I am aware that this Agreement contains a release of liability and a contract between Save The Nations and myself and I sign this Agreement of my own free will.

By signing below, I indicate that I have read and understand the above instructions and **RELEASE OF LIABILITY AND CONFIDENTIALITY AGREEMENT.**

Individual's Signature

Date

If the above individual is under 18 years of age, a parent or guardian must sign below:

Parent's or Guardian's Signature

Date

Executive Pastor Review Signature

Date