

Office Use Only

Date: \_\_\_\_\_

Type of Payment \_\_\_\_\_

Contacted: \_\_\_\_\_

# Grace Group Application

**Please Print**

Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Marital Status \_\_\_\_\_ No. of Children \_\_\_\_\_

Telephone (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

Telephone (Cell) \_\_\_\_\_ Email Address \_\_\_\_\_

Church Affiliation \_\_\_\_\_

**Please feel free to use additional paper as needed.**

1. Have you in the past, or are you currently receiving professional counseling? **Yes** **No**

If yes, please state when, by whom, and regarding what issue(s)?

2. What are the specific types of wounds you have experienced (please mark an **X**).....

Abandonment?	_____	Satanic Ritual?	_____
Betrayal?	_____	Sexual?	_____
Bullying?	_____	Spiritual?	_____
Domestic/spousal?	_____	Verbal?	_____
Emotional?	_____	Other Abuse?	_____
Physical?	_____		

3. How did you hear about Grace Groups?

**If you would like the possibility of experiencing a co-ed group, please check the box.**

**\* There is a possibility of co-ed leadership in all groups**

**Disclaimer:** this group ministry is not intended to substituted for mental health, medical, pastoral, legal, or other professional services. If expert assistance is required, the services of a competent professional should be sought.

