

Counsellor Application

Personal

Name: _____ Address: _____
Phone: _____ Email: _____
Employer: _____ Position: _____
Marital Status: _____ Spouse: _____

Church Background

What is your home church? _____ Since when? _____
Are you a Covenant Member of your church? _____ Since when? _____
Previous Church: _____ Since when? _____
How long have you been a Christian? _____
Have you been baptized? _____ If yes, when? _____
Are you in a Community Group? _____ CG Leaders? _____
Do you serve on a service team or with a ministry at your church? _____
If yes, which team or ministry? _____

Education

Please list Institution(s) attended and degree(s) received:

Please list any other professional education or training:

Please list any Theological or Biblical Counselling studies:

Please note any studies in Psychology:

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Other

If you are married, describe the health of your marriage in a few sentences.

Would your spouse approve of you serving in our counselling ministry? _____

Are you involved in sinful conduct, unresolved conflicts, or anything else, which if known, would cause others to question the appropriateness of you being a counsellor? _____

Have you ever been placed under church discipline? _____

Have you ever been listed on the Public Sex Offender Registry? _____

Have you ever been arrested? _____ If yes, for what? _____

Do you consent to a criminal record check? _____

Please answer the following questions as best you are able.

When you hear the term, “counselling” what comes to mind?

How would you define biblical counselling?

What are your views on the discipline of psychology?

Who is qualified to counsel other people who are struggling with problems?

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What specific qualities are necessary for a person to be competent to counsel?

For which of the following problems would the Word of God have sufficient answers to address and help the person? (Check all that apply with an X)

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|-------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Self Image | <input type="checkbox"/> Adultery | <input type="checkbox"/> Chronic Pain |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Suicidal Thoughts |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Guilt | <input type="checkbox"/> Dysfunctional Family |
| <input type="checkbox"/> Sexual Sin | <input type="checkbox"/> Grief | <input type="checkbox"/> Parenting Problems |
| <input type="checkbox"/> Suffering | <input type="checkbox"/> Fear | <input type="checkbox"/> Marriage Trouble |
| <input type="checkbox"/> Abortion | <input type="checkbox"/> Anger | <input type="checkbox"/> Panic Attacks |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Conflict | <input type="checkbox"/> Sexual Abuse |

Please return the completed form to the Pastor of Biblical Counselling at doug@christcitychurch.ca