



# Life Group Initial Interest Form

**- CONFIDENTIAL -**

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Church Name

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Address

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Phone

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**In order for us to better understand your need, please fill out the following inventory as completely as you can. Feel free to use the back of this form for further details if more space is required. Once the form is completed, turn into one of the FreshStart leaders here at church.**

**Thank you. *You must sign this form in order to be placed into a Life Group.***

## GENERAL INFORMATION

- Male                       Married                       Single                       Separated  
 Female                       Divorced                       Widow(er)                       Single Parent

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Your Name

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Age

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Full Mailing Address

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Phone (Home)

---

(Cell)

---

(Work)

---

Email

---

Occupation

---

Work Hours

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If applicable, spouse's name

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Age

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Spouse's Occupation

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Spouse's Work Hours

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***If applicable, list the names and ages of your children:***

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## EMERGENCY INFORMATION

*In case of emergency, please contact:*

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*Name*

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*Relationship (i.e spouse, parent, etc.)*

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*Phone (Home)*

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*(Cell)*

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*(Work)*

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*Closest living relative:*

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*Name*

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*Relationship (i.e spouse, parent, etc.)*

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*Phone (Home)*

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*(Cell)*

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*(Work)*

## RELIGIOUS BACKGROUND

*Current church you attend OR current religious affiliation\*:*

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*Church Name*

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*Church Address*

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*Church Phone*

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*Church Website*

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*Church Email*

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*\*Current Religious affiliation:*

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*Please describe the part that God plays in your life on a daily basis:*

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*Please describe what you are hoping to gain by attending FreshStart:*

## FAMILY BACKGROUND

*Please answer the following as it pertains to your childhood and teenage years. What was your relationship with your:*

	Close	Good	Fair	Poor	Bad	Indifferent	None
<b>Father</b>	<input type="checkbox"/>						
<b>Mother</b>	<input type="checkbox"/>						
<b>Stepfather</b>	<input type="checkbox"/>						
<b>Stepmother</b>	<input type="checkbox"/>						
<b>Brother(s)</b>	<input type="checkbox"/>						
<b>Sister(s)</b>	<input type="checkbox"/>						
<b>Grandparents</b>	<input type="checkbox"/>						
<b>Other relatives</b>	<input type="checkbox"/>						
<b>Stepmother</b>	<input type="checkbox"/>						
<b>Brother(s)</b>	<input type="checkbox"/>						
<b>Sister(s)</b>	<input type="checkbox"/>						
<b>Grandparents</b>	<input type="checkbox"/>						
<b>Other relatives</b>	<input type="checkbox"/>						

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*Further explanation on the above:*

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*Are your current relationships with any of the above different than they were when you were a child/teen? Explain:*

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## CURRENT PERSONAL STRUGGLES

*Please check any of the following that would describe what you are currently experiencing:*

- |                                      |                                       |                                     |   |                                  |
|--------------------------------------|---------------------------------------|-------------------------------------|---|----------------------------------|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> Depression   | <input type="checkbox"/> Inadequacy | <input type="checkbox"/> Panic                | <input type="checkbox"/> Sadness |
| <input type="checkbox"/> Anger       | <input type="checkbox"/> Fatigue      | <input type="checkbox"/> Insecurity | <input type="checkbox"/> Rejection            | <input type="checkbox"/> Shame   |
| <input type="checkbox"/> Anxiety     | <input type="checkbox"/> Fear         | <input type="checkbox"/> Isolation  | <input type="checkbox"/> Resentment           | <input type="checkbox"/> Tension |
| <input type="checkbox"/> Betrayal    | <input type="checkbox"/> Guilt        | <input type="checkbox"/> Jealousy   | <input type="checkbox"/> Other (please list): |                                  |
| <input type="checkbox"/> Confusion   | <input type="checkbox"/> Hopelessness | <input type="checkbox"/> Loneliness |   |                                  |

## OTHER INFORMATION

*Please tell us any other information about yourself that would be helpful to our leadership team.*

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## STATEMENT OF UNDERSTANDING

*“As the FreshStart team, we do not represent ourselves as licensed or professional counselors and FreshStart should not be considered as such. We do, however, seek to help people in a caring and encouraging way to live their lives God’s way, and to that end, we disciple and lead according to His Holy Word. The focus of FreshStart is to help facilitate, teach, and lead others how to live a lifestyle of forgiveness and repentance, as opposed to counseling.”*

I, \_\_\_\_\_, understand that the *FreshStart* team at this church and those associated with them are not professional or licensed counselors, therapists, medical or psychological practitioners. I acknowledge that I am seeking this help on my own volition, that I have no financial responsibility for any help received, and that I am free to discontinue seeking this help at any time.

**I HAVE READ, ACKNOWLEDGE, AND AGREE TO THE ABOVE STATEMENT OF UNDERSTANDING.**

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*Signature of Applicant*

*Date*

### **OFFICE USE ONLY!**

**Notes / Additional Information:**

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