



Life Group Initial Interest Form

– **CONFIDENTIAL** –

Church Name

Address

Phone

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

- | | | | |
|---------------------------------|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Married | <input type="checkbox"/> Single | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Female | <input type="checkbox"/> Divorced | <input type="checkbox"/> Widow(er) | <input type="checkbox"/> Single Parent |

Your Name

Age

Full Mailing Address

Phone (Home)

(Cell)

(Work)

Email

Occupation

Work Hours

If applicable, spouse's name

Age

Spouse's Occupation

Spouse's Work Hours

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

EMERGENCY INFORMATION

In case of emergency, please contact:

Name

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

Phone (Home)

(Cell)

(Work)

Closest living relative:

Name

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

Phone (Home)

(Cell)

(Work)

RELIGIOUS BACKGROUND

Current church you attend OR current religious affiliation:*

Church Name

Church Address

Church Phone

Church Website

Church Email

**Current Religious affiliation:*

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

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
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stepfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stepmother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sister(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stepmother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sister(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Further explanation on the above:

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

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.

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.

Signature of Applicant

Date

OFFICE USE ONLY!

Notes / Additional Information:
