

Redemption Group Application

Please fill out the form below if you are interested in applying for Redemption Group.

****NOTE****: Applying for participation in a Redemption Group does not guarantee placement in the upcoming group. We have a limited number of spaces available each quarter, so we may not be able to accommodate everyone for the next group. If we have more applicants than spaces available, we will generally offer spaces on a first come, first served basis. However, we may make exceptions for applicants who are in a crisis situation. If we don't have space in the upcoming group, we will offer you a space in next quarter's group whenever possible. We ask for your flexibility and patience as we seek the Lord's direction regarding the participants for each group.

****PLEASE READ CAREFULLY****

Redemption Group Information and Privacy Statement

This is a confidential application for participation in a Redemption Group at The Fellowship at Bend. We will do our best to ensure that all of the information contained in this application is viewed only as necessary by those who oversee this ministry and the leaders of your group.

This ministry is not intended to be a substitute for mental health, pastoral, legal or other professional services. If expert assistance is required, the services of a competent professional should be sought.

We ask that you prayerfully consider whether your participation in a Redemption Group is what God is asking of you. Your participation is a commitment that should be made in obedience to God – not at the coercion of another person. You need to be ready to face any issues that come up as part of this process.

****NOTE****: If you are accepted into a Redemption Group, you will be expected to attend every session including both the Weekend Intensive and the Thursday night meetings. If you anticipate or experience a life situation (surgery, illness, childbirth, travel, work responsibilities) that may impact your ability to fully participate in RG, please consider postponing your attendance until the following quarter. Participants who miss two groups will be asked to discontinue membership in their group. We will be happy to add your name to the list for the next RG quarter. Attendance at the Weekend Intensive (first three sessions on schedule) is mandatory.

BY COMPLETING THIS APPLICATION, YOU ARE CONFIRMING THAT YOU AGREE WITH ALL OF THE ABOVE INFORMATION.

Name _____ Date of Birth _____

Gender _____ Phone Number _____

Address _____

City _____ State _____ ZIP _____

Email _____

Marital Status (Single, Engaged, Married, Separated, Divorced, Widowed, Divorced/Re-Married or Widowed/Re-Married) _____

If you are married, engaged, or separated, what is your spouse's or fiancé's first and last name?

If married, is your spouse planning to attend Redemption Group with you? (If possible, we recommend that couples attend Redemption Groups together, as it is generally a formative experience.) _____

Do you have children? If yes, list their names and ages below:

Do you have child care for the intensive weekend and each of the Thursday evening meetings? _____

Do you attend The Fellowship at Bend? _____

Are you in a community group? _____

If yes, what is your community group leader's name? _____

If no, would you like help finding a community group? _____

Who, if anyone, referred you to Redemption Group? _____

Why do you want to be in a Redemption Group? Please check all that apply.

- I need to address some habitual sin in my life.
- I need to address the pain I face as a result of sin committed against me, abuse, betrayal, loss, or a spouse's habitual sin or suffering.
- I need to address problems in my marriage.
- Other

Briefly, tell us what you perceive to be your most significant struggle and what you hope to change by going through a Redemption Group.

Have you received professional counseling with a licensed counselor, psychologist, or psychiatrist? _____

Are you currently seeing a licensed counselor, psychologist, or psychiatrist? _____

If yes, why are you seeing this caregiver?

Have you ever been diagnosed with any of the following conditions?

- Depression
- Dissociative
- Bi-Polar I or II
- Borderline Personality
- Eating Disorder
- Panic or Anxiety Disorder
- None

If you checked any of the above conditions or if you have a condition that is not listed, please use this space below to provide details of when you received this diagnosis and by whom. You may also include any other pertinent details you wish to communicate:

List all prescription medications and any over-the-counter medications you are currently taking:

Attendance Policy

If we are able to place you in a group, you will be expected to covenant with your group to be present for all meetings except in the event of an emergency. For already planned vacation or business travel we can make determinations on a case-by-case basis, but if attendees miss more than 2 meetings for any reason, they will be asked to leave the group. Missing a Redemption Group meeting is kind of like skipping a chapter in a book – you struggle with trying to put the story back together in the next chapter.

Note: 100% attendance is required for the Weekend Intensive.

By signing below, you are agreeing to the above Attendance Policy. (If you have concerns or questions, please email brett@tfab.com)

Signature

Date

Spiritual Counseling Consent

Spiritual care is provided by The Fellowship at Bend for the expressed purpose of providing Biblical help for those who seek it. We believe Jesus came to bring healing to the way we think, behave and feel. He declared:

"I came to bring healing to the brokenhearted, preach deliverance to the captives, and recover the sight to the blind, to set at liberty them that are bruised." Luke 4:18

The elders and others who provide spiritual care desire to help people overcome spiritual concerns by applying spiritual principles to areas of need. They are not providing marriage and family therapy as defined in ORS 675.705(5)(a), or professional counseling as defined in ORS 675.705(6)(a). In most cases, they are not professionally trained, nor registered, licensed, or certified by the State of Oregon as defined in ORS 675.715 nor by a national certifying body. Should an elder or other person providing pastoral care also happen to be a licensed counselor with the State of Oregon, the spiritual guidance provided by such person at The Fellowship at Bend is not being provided in their capacity as a licensed counselor. By signing below, you acknowledge that you will be receiving spiritual guidance.

Spiritual counseling through The Fellowship at Bend is not a substitute for professional care by a psychologist, psychiatrist, medical doctor or other health care provider, and staff at The Fellowship at Bend are not professionally trained to diagnose or treat mental illness or other medical conditions. Therefore, it is your sole, exclusive responsibility to seek professional care and you agree it shall not be a responsibility of The Fellowship at Bend to make such a referral.

Work Agreement

In seeking help, you agree you will make a good-faith effort at personal growth and engage in the pastoral care process as an important priority at this time in your life. You agree that if you fail to do your work, or if you do not appear to be benefiting from the pastoral care, we may terminate the spiritual counseling relationship.

Confidentiality

The staff at The Fellowship at Bend will attempt to preserve the confidentiality of any matters discussed in a counseling session. However, confidentiality will not apply:

1. When there is evidence of abuse of a child or vulnerable adult, or where disclosure is required by law.
2. When your pastor or counselor feels a need to discuss your case for consultation purposes with his/her supervisor, peers, professionals, or elders/pastors who may be a resource involved in your situation.
3. When there is contemplation of commission of a crime or harmful act.
4. When there is a subpoena or other legal process.
5. When you or your legal representative authorize disclosure of information.
6. In other circumstances where the pastor or counselor deems it necessary to disclose the information.

I have thoroughly read and agree to the foregoing policies regarding pastoral care provided at The Fellowship at Bend. I hereby release and hold harmless The Fellowship at Bend, its directors, officers, employees, and volunteers from any and all liability, claims, and/or expenses related to or arising from any pastoral care or counseling received (or not received).

Signature

Date