

3. Briefly state why you want to become a Lay Counselor.

4. The training program requires a considerable investment of time and resources.
Are you willing to commit to serve faithfully for a period of no less than two years?

This includes:

- The initial 30 weeks of training;
- Weekly lay counseling appointments with two counselees (minimum)
- Weekly supervision and quarterly continuing education

_____ Yes _____ No

5. What do you hope to receive from the program?

6. Are you willing to submit to a background check and psychological testing?

Yes No

7. Please provide two references who are not members of this congregation and one from Scottsdale Bible Church:

a. Name _____

Address _____

Relationship _____

Phone Number _____

b. Name _____

Address _____

Relationship _____

Phone Number _____

c. Name _____

Address _____

Relationship _____

Phone Number _____

8. Have you ever received treatment for any emotional or psychiatric problems?

Yes No

If yes, the Lay Counselor Leadership Team will speak with you about this to better understand its significance in your life and ministry.

(Note: A great many lay counselors have been made stronger in their ministry through the care they themselves have received, including that from mental health professionals. Your Lay Counselor Leadership Team affirms the work of mental health professionals who have helped so many individuals to experience growth and healing, and simply wants to be as fully informed as possible about their Lay Counselors.)

9. Have you ever been charged with a crime? Yes No

If yes, explain in detail, using additional paper as needed.

Thank you for completing this application.

Please read and sign below:

The information I have provided in this application is true and complete to the best of my knowledge. I agree to participate in Lay Counselor training, in supervision and continuing education, and to function within the boundaries of Lay Counselor as adopted by Scottsdale Bible Church Biblical Counseling Center. I give permission to call my references, secure a background check, and consult with the treating physician(s) and/or other mental health professionals regarding the nature of any treatment I have received for emotional or psychiatric problems. All information will be kept confidential.

Signature _____ Date _____