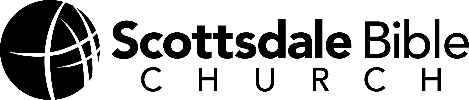
**Lay Counselor Training Application** 

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete this application and return to the Counseling Center**. You will be contacted upon receipt of your application.

After completion of the training, Lay Counseling occurs during the following hours in the Counseling offices:

Monday 9am-8pm

Tuesday 9am-6pm

Wednesday 9am-6pm

Thursday 9am-8pm

Lay counselors are expected to attend one, one-hour weekly supervision meeting; either Monday evenings from 6-8pm, Wednesday afternoons from 2-4pm or Thursday evenings from 6-8pm.

The cost of the training materials is $160.

1. Give a brief statement of your Christian faith.
2. List any relevant prior experience in a helping profession or ministry, such as Stephen Minister or Crisis Pregnancy Center counselor. It is desirable that you have two years prior experience where you met **one-on-one** with an individual.

* Please list name(s) of ministry or helping profession:
* Please list people-helping skills you learned:

1. Briefly state why you want to become a Lay Counselor.
2. 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 60 hours of training: ❑ Yes ❑ No
  + Weekly 1-hour lay counseling appointments with 1-2 counselees: ❑ Yes ❑ No
  + Weekly supervision and quarterly continuing education: ❑ Yes ❑ No

1. What do you hope to receive from the program?
2. Are you willing to submit to a background check?

❑ Yes ❑ No

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

❑ Yes ❑ No

If yes, one of the members of 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 professional mental health treatment. 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.)

1. What level of education have you attained and what was your specialty?

9. Please list 3 references:

Name Address Relationship Phone Number

1.

2.

3.

**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 policy and procedures of Lay Counseling as adopted by Scottsdale Bible Church Biblical Counseling Center.

If it is necessary to 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, I will fill out and sign the proper forms at that time.

I understand that completion of the training does not guarantee I will be accepted into the Lay Counseling program.

I understand that all information will be kept confidential. Information appearing on this authorization will be used exclusively by Scottsdale Bible Church for identification purposes only and for the release of information for the Counseling Ministry, which will be considered in determining any suitability for volunteerism.

I certify that I have made true, correct and complete answers and statements on my application.

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for completing this application.**