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We use this form for admittance to all our support groups and, to keep current, we ask for an updated application every 12 months. Thank you for enduring with our policies.

Group Applying For:

Today's Date:

Birth Date:

Current Age:

Full Name:

Address:

City:

State:

ZIP:

Mobile Phone:

Home Phone:

Business Phone:

E-mail:

Gender: Male Female

Marital Status: Single Married Separated
 Divorced Widowed

Spouse Name:

Years Married:

Anniversary Date:

Names & Ages of Children:

As you consider each question, please answer as completely as you are able. The form fields allow generous of space for your responses; however, should you need more, please use the Additional Responses area at the end of this form and be sure to reference the question in your answer.

Please list any nutritional or medical needs/conditions that we need to be made aware of.

Where to you attend church?

How to you feel about receiving healing prayer, administered through the laying on of hands and made possible by the outpouring of the Holy Spirit?

What is or has been your past church/spirtual affiliation(s)?
(Please include non-Christian references.)

Are you a Christian?

Yes No

If yes, please state for how long and briefly share your salvation experience...

Do you have a private devotional life with God?

Yes No

Please share some of what this looks like...

Are you currently receiving ongoing pastoral or professional counseling?

Yes No

Please share some of what this looks like...

Have you ever been in pastoral or professional counseling?

Yes No

If yes, please explain...

Are you currently receiving help from a healing ministry or support group?

Yes No

If yes, please explain...

Have you ever seriously contemplated suicide?

Yes No

If yes, please explain...

Have you ever attempted suicide?

Yes No

If yes, please explain when and what happened...

Do you use alcohol or mood-altering substances?

Yes No

If yes, what do you use and how often?

Do you consider yourself to be depressed or do you suspect that you might be?

Yes No

If yes, please explain...

Do you have a history of drug and/or alcohol abuse?

Yes No

If yes, what did you use and how long ago was this?

Have you ever been accused or convicted of a crime?

Yes No

If yes, what happened and what is its status?

How would you define your sexual and/or relational problems?

Who are the people in your life who know about your sexual and/or relational struggles and who are supportive in your healing?

How do these tendencies or vulnerabilities express themselves?

i.e. anonymous behaviors, emotional problems, attitudes, addictive behaviors, etc.

Is there anyone in your life who knows your entire story?

Yes No

If yes, what is their relationship to you?

Are you currently in a relationship that involves ongoing sexual contact?

Yes No

If yes, please describe your relationship...

Do you have any non-sexual compulsive behaviors?

i.e. eating problems, alcohol/chemical dependencies, spending, etc.

Yes No

If yes, please describe...

Do you believe that homosexual physical contact or inordinate emotional closeness with the same sex is sinful?

Yes No

If not, please explain...

What do you personally believe about heterosexual physical contact outside the bonds of marriage?

Are you in financial trouble?

Yes No

If yes, please describe your situation...

Have you ever been in a support group before?

Yes No

If yes, what was the program name and how did it help you?

If yes, what are your expectations for this coming year?

If no, what are your expectations in coming to this group?

What, if any, are the areas in your life that may produce stress during your participation with this program?

Are you able to make a commitment to the entire program year?

Yes No

If not, please explain...

Additional Responses

Sending personal data by e-mail is not necessarily safe. E-mailing sensitive information is a risk you alone take.

Ways to get this form to First Stone Ministries:

1. By email:

- a. Save this form along with your answers to your computer (we suggest your Desktop),
- b. Attach that file to an e-mail and send to **groups@firststone.org**.
- c. We suggest you keep your filled-out form until we can verify on our end that we have it.

2. By fax: (405) 236-4672

3. By mail:

First Stone Ministries
1330 N Classen Blvd Ste G80
Oklahoma City, OK 73106

Need help with this form?

Call Joseph at (405) 236-4673 ext 23.

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