

The Church of the Cross

PO Box 278

Bluffton, SC 29910

HEALING AFTER LOSS
PARTICIPANT APPLICATION FORM

The following information will be kept confidential.

Name _____

Address _____

Home Phone _____ Work _____ Cell _____

Email Address _____

Emergency Contact (name & phone) _____

What church do you attend? _____

Are you a member of that church? _____

Pastor's Name _____ Church's phone # _____

Whom have you lost in death? _____

How long ago was your loss? _____

Briefly describe the nature of your loss

(Over)

Have you previously attended any other grief support group? _____
If so, where? _____

Is there anything more about your situation you would like to share?

I understand confidentiality is mandatory in my support group and that anything said in the group is to stay in the group. I understand HAL is not a counseling group, but a peer support group led by lay leaders. I also understand the leaders of this Program have an obligation to report any disclosure of intent to harm oneself or others to the clergy at The Church of the Cross, my church, or to any other appropriate agency.

Print Name

Signature

Date