

## Mentor/Lay Counselor Ministry Application Form

Thank you for your interest in pursuing training and caregiving with Vibrant Cares Mentor/Lay Counseling Ministry at Vibrant Church. Please complete and print all information that is requested in a legible manner or mark N/A if not applicable.

### DEMOGRAPHIC INFORMATION

\_\_\_\_\_  
Last Name                      First Name                      Middle Initial

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Cell Phone                      Home Phone

\_\_\_\_\_  
Email Address

Current Status    \_\_\_ Single    \_\_\_ Married

Occupation \_\_\_\_\_

\_\_\_\_\_  
Present Employer                      Position Title

### CHURCH INVOLVEMENT

Are you presently an active member of Vibrant Church? \_\_\_ YES    \_\_\_ NO

How long have you attended Vibrant Church? \_\_\_\_\_

Did you complete NEXT STEPS or prior membership requirements offered/required for church membership at Vibrant Church? \_\_\_ YES    \_\_\_ NO

How would you describe your church attendance?  
If no, please explain?

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



## E. Area of Counseling / Ministry Experience

Bases on education, training, and ministry or experience, *please check all that apply:*

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ADD/ADHD                     | <input type="checkbox"/> Addictions               | <input type="checkbox"/> Adoption            |
| <input type="checkbox"/> Anger Management             | <input type="checkbox"/> Anxiety                  | <input type="checkbox"/> Alcoholism          |
| <input type="checkbox"/> Bipolar Disorder             | <input type="checkbox"/> Career Counseling        | <input type="checkbox"/> Child Abuse         |
| <input type="checkbox"/> Chronic Pain                 | <input type="checkbox"/> Coaching                 | <input type="checkbox"/> Codependency        |
| <input type="checkbox"/> Compassion Fatigue           | <input type="checkbox"/> Conflict Resolution      | <input type="checkbox"/> Crisis Intervention |
| <input type="checkbox"/> Cutting/Self Injury          | <input type="checkbox"/> Dementia/Alzheimer's     | <input type="checkbox"/> Depression          |
| <input type="checkbox"/> Developmental Disorders      | <input type="checkbox"/> Divorce Recovery         | <input type="checkbox"/> Dissociation        |
| <input type="checkbox"/> Domestic Violence            | <input type="checkbox"/> Eating Disorders         | <input type="checkbox"/> Financial Issues    |
| <input type="checkbox"/> Gender Identity Issues       | <input type="checkbox"/> Grief and Loss           | <input type="checkbox"/> Marital Conflict    |
| <input type="checkbox"/> Meditation                   | <input type="checkbox"/> Sexual Addictions        | <input type="checkbox"/> Sex Trafficking     |
| <input type="checkbox"/> Missionary Issues            | <input type="checkbox"/> Obsessive /Compulsives   | <input type="checkbox"/> Occult/Cults        |
| <input type="checkbox"/> Parenting Issues             | <input type="checkbox"/> Pastor/Ministries        | <input type="checkbox"/> Phobias             |
| <input type="checkbox"/> Personality Disorders        | <input type="checkbox"/> Physical Disabilities    | <input type="checkbox"/> Rape Recovery       |
| <input type="checkbox"/> Post-traumatic Stress        | <input type="checkbox"/> Pregnancy Issues         | <input type="checkbox"/> Sexual Abuse        |
| <input type="checkbox"/> Premarital                   | <input type="checkbox"/> Stress & Burnout         | <input type="checkbox"/> Singles             |
| <input type="checkbox"/> Suicide                      | <input type="checkbox"/> Post - Abortion Syndrome |  |
| <input type="checkbox"/> Other (please specify) _____ |   |  |

## F. Availability

Daytime     Evenings    (Tuesday, Wednesday, Thursday)

Are you Available a minimum of 2 hours per week for Ministry?  Yes     No

**SPIRITUAL ORIENTATION AND PRACTICE**

Whether we are devoted believers or still seeking to understand God, we all have a spiritual story. Please take a few moments to briefly describe your spiritual beliefs and feelings by answering the questions on the next page. Attach more pages if necessary. Please note that during the interview process you will have additional opportunity to discuss your spiritual journey and relationship with God.

A. Who is Jesus?

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B. How does a person become a Christian?

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C. Describe some of your primary beliefs about the Bible.

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D. Do you believe that Jesus is the only one that can provide salvation to an individual?

Yes  No

**CHRISTIAN PERSONAL TESTIMONY**

The foundation to all ministry and identity as a Vibrant Cares Christian Mentor/Lay Counselor is living a vibrant, and personal relationship with Jesus Christ. Please respond to the following items by checking the appropriate box:

A. I am in full compliance of the Biblical Doctrinal Beliefs of Vibrant Church  Yes  No  
 Unsure (please explain)

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B. Have you ever been charged with or convicted of any misdemeanor or felony other than minor moving violation in a vehicle?  Yes  No  Unsure (please explain)

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C. Do you believe in the Biblical teaching of one man and one women union only?

Yes  No  Unsure (please explain)

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**Personal References**

Please use the attached reference forms to provide two references. Completed forms should be placed in an envelope, sealed and signed across the back flap by the person giving the reference. At least one reference should be from Vibrant Church Clergy and should meet the following criteria:

- ~ Be at least 21 years of age.
- ~ Has preferably known you for at least one year.
- ~ Is not related to you.
- ~ Has a definite knowledge of your character.

I affirm and attest that by my signature below that I have answered all questions in the Vibrant Cares Mentor/Lay Counselor Ministry application truthfully and with full disclosure, and I have attached all requested supporting documentation.

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Application Signature

Date