



# The Crossing Church

## Biblical Counseling Questionnaire

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Date: \_\_\_\_\_

### **General Information:**

Name: \_\_\_\_\_ Male  Female

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Vocation/Occupation: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Marital Status:      Single:            Married:            Engaged:        
                                 Divorced:            Separated:            Widow/Widower:     

Spouse's Name: \_\_\_\_\_

Spouse's Age: \_\_\_\_\_ Spouse's Vocation/Occupation: \_\_\_\_\_

Spouse's Address: \_\_\_\_\_

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

Spouse Email: \_\_\_\_\_

Spouse Cell Phone #: \_\_\_\_\_

Children: (List names, ages, sex, natural or step child)

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**Why are you Seeking Ministry?**

**What are your expectations and hopes from receiving ministry?**

Are you committed to follow through with the ministry and instruction you receive?

Yes  No  I don't know

**Christian Walk:**

Please describe your spiritual walk journey:

How long have you been attending The Crossing Church? \_\_\_\_\_

Are you a member of The Crossing Church? Yes  No

If yes, please explain:

**Have you ever struggled with the following?**

C = Current Struggles    P = Struggles in the Past

	<u>Current</u>	<u>Past</u>
Worry:	_____	_____
Suicide:	_____	_____
Rejection:	_____	_____
Unforgiveness:	_____	_____
Anger:	_____	_____
Guilt/Shame:	_____	_____
Low Self Esteem:	_____	_____
Night Terrors:	_____	_____
Insecurity:	_____	_____
Compulsive Thoughts:	_____	_____
Obsessive Thoughts:	_____	_____
Lustful Thoughts:	_____	_____
Doubt:	_____	_____
Depression:	_____	_____
Anxiety:	_____	_____
Fear:	_____	_____
Spiritual Abuse:	_____	_____
Physical Abuse:	_____	_____
Sexual Abuse:	_____	_____
Verbal Abuse:	_____	_____
Emotional Abuse:	_____	_____
Chemical Addiction:	_____	_____
Alcohol Addiction:	_____	_____
Sexual Addiction:	_____	_____
Gambling Addiction:	_____	_____

When discussing your life circumstances, do you find that difficult or easy? Please explain.

I promise that all the above information is true.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Care Session Leader: \_\_\_\_\_

# Ministry Agreement

Name \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Address \_\_\_\_\_

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

As and for consideration for being permitted to participate in voluntary pastoral and religious encouragement, herein referred to as “Encouragement” and Pastoral Care Ministry, herein referred to as “Pastoral Care Ministry,” the undersigned, \_\_\_\_\_, herein referred to as “Recipient,” agrees as follows:

1. This is a church based ministry of The Crossing Church providing Encouragement and Prayer Ministry in individual and group settings. Our Encouragement is done by pastoral staff and lay ministers, herein referred to as “Providers.” These individuals are not licensed professional counselors, social workers or psychologists, because they perform religious encouragement and not secular or psychological counseling. If it becomes apparent that secular or psychological counseling may better address the Recipient’s needs, the Providers will immediately initiate a referral to a licensed professional counselor, social worker or psychologist.
2. Under normal circumstances, your Providers will use their good faith efforts to keep your discussions in confidence. However, you should be aware there are some situations in which your Providers may be required by law to report information to the proper authorities without your permission or knowledge. These situations include, but may not be limited to: a Recipient’s indications of harm to self or others, involvement in a felony, suicidal intentions, and/or reasonable evidence of child or elder abuse or neglect. Your Provider may also disclose information in response to a subpoena issued by a court of law. Additionally, if you occupy a leadership or ministry position, your Provider may also disclose information to the person in authority over you, in the event he or she deems it relevant to your fitness or ability to fulfill your position.
3. Please note that the Crossing Church cannot guarantee complete confidentiality with regard to the information received from you as officially recognized church staff and lay personnel may also have limited access to your pastoral file. Any other person seeking access to your pastoral file may do so only with your written permission.
4. The Crossing Church requires that (a) parent(s) must be actively involved in any Encouragement and/or Prayer Ministry that is extended to a minor child as determined by the Provider. At the discretion of the Provider, (a) parent(s) will be required to make themselves accountable for active participation in Encouragement and/or Prayer ministry offered by The Crossing Church.
5. Under all circumstances, sexual contact between a Provider and a Recipient is prohibited. If any Provider suggests or attempts sexual advances, the Recipient shall terminate immediately and report the incident to the Executive Senior Pastor or any other Elder not involved in the counseling.
6. Recipients with any concerns or questions about this agreement agree to raise them with their Provider at the earliest possible time.

7. This agreement, herein referred to as the “Ministry Agreement,” will govern all relations involved during the term of the counseling process. Should the Recipient participate in Pastoral Care Ministry, the Voluntary Release, Assumption of Risk and Indemnity Agreement will be incorporated as part of this Ministry Agreement. It is agreed that any disputed or modifications of this Ministry Agreement will be determined directly between the individuals involved. If this Ministry Agreement is not satisfactory, then it is further agreed that disputes and disagreements will be taken to The Crossing Church Board of Elders for mediation. In the event that a satisfactory resolution is not achieved, then it is further agreed that a mutually acceptable third-party mediator will be utilized. If the mediation is unsuccessful, then the dispute shall be submitted to Christian Arbitration under the Rules of Arbitration published by the Institute for Christian Mediation, HisPeace.org. All expenses incurred will be the responsibility of the party bringing the dispute.

**I have read the above Ministry Agreement, understand it, and agree to the terms herein written.**

\_\_\_\_\_  
Signature of Recipient

\_\_\_\_\_  
Date

# **Voluntary Release, Assumption of Risk and Indemnity Agreement**

In consideration for being permitted to participate in voluntary pastoral care ministry, herein referred to as the "Pastoral Care Ministry," the undersigned, \_\_\_\_\_, herein referred to as the "Recipient," agrees as follows:

**Release, waiver, discharge and covenant not to sue.** Recipient and Recipient's personal representatives, assigns, insurer, heirs, executors, administrators, spouse and next of kin, hereby releases, waives, discharges and covenants not to sue The Crossing Church of Tampa Florida and its directors, officers, elders, pastors, deacons, ministry team members, employees, agents and volunteers, as well as its successors, affiliates and subsidiaries, all herein referred to as the "Providers," from any and all liability to Recipient and to Recipient's personal representatives, assigns, insurers, heirs, executors, administrators, spouse and next of kin for any and all loss, damage or cost on account of injury to the person or property or resulting in the death of Recipient, whether caused by the negligence of Providers or otherwise while Recipient is participating in the Pastoral Care Ministry and other activities in connection with The Pastoral Care Ministry.

**Assumption of Risk.** Recipient understands, is aware of, and assumes all risks inherent in participating in the Pastoral Care Ministry. These risks include, but are not limited to physical and emotional responses and reactions as a result of the Pastoral Care Ministry.

**Indemnity:** Recipient agrees to indemnify Providers from any liability, loss, damage or cost Providers may incur due to the participation by Recipient in the Pastoral Care Ministry whether caused by the negligence of Providers or otherwise. Recipient assumes full responsibility for and risk of bodily injury, death or property damage due to negligence of Providers or otherwise while participating in the Pastoral Care ministry.

Recipient expressly agrees that this Voluntary Release, Assumption of Risk and Indemnity Agreement herein referred to as "Agreement," is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that, if any portion of this Agreement is held invalid, it is agreed that a balance notwithstanding, continue in full legal force and effect. This Agreement, along with the Ministry Agreement contains the entire agreement between the parties in regard to the Pastoral Care Ministry.

Recipient represents that:

- ⇒ I have carefully read this agreement. I understand, and it is a release of all claims, including negligence of Providers. I have been given an opportunity to review this agreement with an attorney of my choosing.
- ⇒ I understand that I assume all risk inherent in the Pastoral Care Ministry set forth in this Agreement.
- ⇒ I understand I am indemnifying the Providers.
- ⇒ I voluntarily sign my name evidencing my understanding and acceptance of the provisions of this Agreement.
- ⇒ That I have read and understand the contents of the waiver, and consents to and requests said encouragement.

\_\_\_\_\_  
Signature of Recipient

\_\_\_\_\_  
Date