



## Program Application

TENATIVE DATES OF PROGRAM:	Starting Soon in 2009
RETURN APPLICATION TO:	New Hearts Outreach C/O The River PO BOX 152543, Tampa, FL 33684
COST:	\$ 150.00 (includes program materials and averages out to approx \$7.15 per session)
INTERVIEW:	Upon recent of this application we will contact you to set up a 30 minute confidential interview.
QUESTIONS??	Contact Carmen Fisher by email: overflow1513@aol.com or call Tammi Wilds at 813-915-1287

\*\*\* Application and interview process required.  
 \*\*\*All applicants must sign the "Duty to Warn" form attached.

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

Please fill in this application with as much detail as you can.  
 Your responses will be kept confidential. (Please print)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

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

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

Home phone: \_\_\_\_\_ Other (work/cell/pager): \_\_\_\_\_

**\*\* PLEASE INDICATE IF YOU DO NOT WANT US TO LEAVE A MESSAGE FOR YOU**

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

Male       Female  
 Single       Dating    Engaged    Married       Separated       Divorced

High school student (year in school: \_\_\_\_\_)

College student (year in school: \_\_\_\_\_)

If you are in school, what school do you attend? \_\_\_\_\_

Full-time or part-time employee (occupation: \_\_\_\_\_)

Youth worker (in what capacity: \_\_\_\_\_)

Are you a Christian? \_\_\_\_\_ Since when? \_\_\_\_\_

Where do you go to church? Are you involved in a campus fellowship? \_\_\_\_\_  
\_\_\_\_\_

What is your past church/spiritual involvement? (Please include non-Christian references as well)  
\_\_\_\_\_  
\_\_\_\_\_

Would you be comfortable with receiving healing prayer, administered through the laying-on of hands, and made possible by the outpouring of the Holy Spirit?  
\_\_\_\_\_  
\_\_\_\_\_

What issues do you hope to find healing for at The River?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What kind of relational difficulties have you had? (ie: with same sex and/or with opposite sex, with parents) How do these difficulties express themselves? (loneliness, inability to trust, fears about relationships, always need to have a boyfriend/girlfriend, feeling like a doormat, self image, chat rooms, sexual behaviors, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently (or have you been) in a relationship which involves sexual contact?  Yes  No Please describe your relationship.  
\_\_\_\_\_  
\_\_\_\_\_

Do you believe that sex outside of marriage is wrong?  Yes  No Why or why not.  
\_\_\_\_\_  
\_\_\_\_\_

Do you (or did) you have any addictive tendencies? (such as violence, video games, food, alcohol, drugs, sex, Internet, etc.)  
Yes No \_\_\_\_\_

\_\_\_\_\_

Do (or did) you struggle with masturbation and/or pornography? Yes No \_\_\_\_\_

\_\_\_\_\_

Have you been in professional, pastoral or school counseling? (with whom, when and why) Yes No

\_\_\_\_\_

\_\_\_\_\_

Have you ever **seriously** contemplated suicide? If so, please give date and circumstances. Yes No

\_\_\_\_\_

\_\_\_\_\_

Are you currently taking regularly prescribed medication(s): (List medication and reason) \_\_\_\_\_

\_\_\_\_\_

Do (or did) you use alcohol or drugs? Yes No If so, what and how often?

\_\_\_\_\_

\_\_\_\_\_

Do (or did) you ever cause yourself physical harm? (ie: cutting, eating disorders, etc): When & Describe: \_\_\_\_\_

\_\_\_\_\_

Do any friends or relatives in your life know about your relational or sexual issues? Are they supportive of your healing/ or of your going through The River? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you live with your parents/guardians, will your parents/guardians be supportive of your healing process? (If yes or no, please explain)

Yes No Not Applicable \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you believe that you can be too emotionally close to another person? Yes No Why or why not.

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

How would you feel if someone told you about his or her homosexual struggle?

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

Attendance at The River sessions is mandatory - each session builds on the previous meeting.

Can you commit to the scheduled sessions? Yes No

If no, please explain. Give dates you would be unable to attend: \_\_\_\_\_

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

OPTIONAL: AS WE PRAY ABOUT YOUR APPLICATION, IT HELPS US TO KNOW MORE ABOUT YOU. ARE THERE OTHER THINGS THAT YOU WOULD LIKE US TO KNOW ABOUT YOUR BACKGROUND? HOW HAS YOUR LIFE IN CHRIST BROUGHT HEALING TO THESE AREAS, IF AT ALL? (USE ADDITIONAL PAPER, IF NECESSARY.)

I have written the truth and nothing but the truth.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

# DUTY TO WARN

Confidentiality and privileged communication remain rights of all applicants according to state law. However, if an individual intends to take harmful, dangerous, or criminal action against another human being, or against themselves, it is the duty of New Hearts Outreach/Oak Grove Church of God/Tampa and to warn appropriate individuals of such intentions. *Suspected acts of child abuse or neglect are required to be reported.* Those warned may include but are not limited to:

- The person or family of the person who is likely to suffer the results of harmful behavior.
- The family of the applicant/participant who intends to harm himself or someone else.
- Associates or friends of those threatened or making threats.
- Law enforcement officials.

Before informing anyone who should be warned, New Hearts Outreach/Oak Grove Church of God/Tampa will take all possible steps to first share that intention with the applicant/participant. Every effort will be made to prevent any such breach of confidentiality.

## THE RIVER AGREEMENT

I, the undersigned, am applying for The River program sponsored by New Hearts Outreach/Oak Grove Church of God/Tampa and understand that this program is a Christian discipleship program it is not a professional counseling program and does not take the place of professional counseling and/or therapy of any kind that I may be getting now, or have gotten in the past, or plan to get in the future.

I understand this Duty To Warn Confidentiality Agreement, and also, **I understand the nature of The River program and release from liability New Hearts Outreach/Oak Grove Church of God/Tampa.**

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Signature

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Date

**PARENT / GUARDIAN AGREEMENT  
AND RELEASE FROM LIABILITY**

The undersigned are the parents or legal guardians of \_\_\_\_\_ (insert name of minor) who has voluntarily applied to New Hearts Outreach & Oak Grove Church of God to participate in Overflow; relational healing for the next generation: a Christian, non-therapist, worship, teaching, discipleship and mutual support program.

We are aware that our child's participation in the Overflow program is not a substitute for psychiatric treatment, psychotherapy, therapeutic counseling or any other form of professional therapy. We are also aware that participation in Overflow is not a substitute for active involvement in a local church body. We are voluntarily allowing our child to participate in Overflow with full knowledge of these facts and we accept complete responsibility for our child's own psychological, mental, emotional and spiritual well-being. We acknowledge that it is our responsibility to ascertain our child's needs for professional counseling and seek such professional counseling as needed. We further acknowledge that our child's participation in Overflow does not create any special relationship of custody or control between our child and New Hearts Outreach & Oak Grove Church of God (including any agent, employee, officer or directors of New Hearts Outreach & Oak Grove Church of God ), or between our child and any other person.

As consideration for being accepted by New Hearts Outreach & Oak Grove Church of God to voluntarily participate in Overflow program, we, on behalf of our child, and our assigns, heirs, executors, guardians, and other legal representatives, hereby release New Hearts Outreach & Oak Grove Church of God (including any agent, employee, officer or directors of New Hearts Outreach & Oak Grove Church of God ) from any liability for any injury suffered by our child during his or her voluntary participation in Overflow program, resulting from the negligent acts or omissions of New Hearts Outreach & Oak Grove Church of God , or any agent, employee, officer or director of New Hearts Outreach & Oak Grove Church of God or resulting from the negligent acts or omissions of any other participants of Overflow program. Further, we, on behalf of our child, ourselves, our assigns, heirs, executors, guardians and other legal representatives, hereby agree that we will not make any claim against, sue or seek to attack the property of New Hearts Outreach & Oak Grove Church of God , (including any agent, employee, officer or directors of New Hearts Outreach & Oak Grove Church of God ) and that we waive all actions, claims or demand that we now or hereafter may have, for injuries suffered by ourselves or our child resulting from his her voluntary participation in Overflow, resulting from negligent acts or omissions of New Hearts Outreach & Oak Grove Church of God , or any agent, employee, officer or director of New Hearts Outreach & Oak Grove Church of God , or resulting from the negligent act or omissions of any other participant of Overflow.

We have carefully read this Agreement and fully understand its contents. We are aware that this is a release of liability and a contract between ourselves and New Hearts Outreach & Oak Grove Church of God which affects our rights and the right of our child, and we sign this Agreement of our own free will.

\_\_\_\_\_  
Name of Participant (Minor)

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/ Guardian

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent / Guardian

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Witness