

Application  
for  
*The Journey*  
*February-July, 2012*

Deadline: Application must be returned via email to [dmctex@msn.com](mailto:dmctex@msn.com) by Sunday, January 8, 2012. Early application responses are appreciated. You will be contacted for an interview as soon as your application has been reviewed. Openings are limited and placement in the program is not guaranteed. Your responses are confidential and are read only by *The Journey* leadership team. For more information or questions please contact: Dottie Cartrite at 303.949.4941 or Weston Eden at 720.277.9797

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

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

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

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

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Do we have your permission to leave a message?    yes    no

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

Male                       Single                       Engaged                       Married                       Separated                       Divorced

Female

Full-time or part-time occupation: \_\_\_\_\_

Are you a Christian?    yes    no            Since when? \_\_\_\_\_

If yes, please tell about how and when you became a Christian.

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

Where do you attend church? \_\_\_\_\_

Please describe any other past or present church or spiritual experience (including non-Christian).

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

How do you desire to grow in intimacy with God? Please explain. \_\_\_\_\_

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

What aspects of God's character do you wrestle with? In what ways do you struggle in your experience of God?

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Would you be willing to be vulnerable and share in a small group to experience change/freedom?

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Do you think you would be able to accept others in your group whose morality may be different from your own?

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What kind of relational difficulties have you had? How do these difficulties express themselves?

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What issues do you hope to find healing for in *The Journey*?

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Are there patterns or themes repeating through your life that you would like to see changed?

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Have you been in professional, pastoral or school counseling? (with whom, when and why)

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Have you ever seriously contemplated suicide? If so, please give dates and circumstances.

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Are you currently on medications?    yes    no    If yes, please identify type and purpose:

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## What's Your Experience?

Please check each statement candidly – not what you're “supposed” to say, or think, or feel.

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|--|---|
| <input type="checkbox"/> I feel lonely more often than not.  | <input type="checkbox"/> I desire the things of this world over Christ more often than not. |
| <input type="checkbox"/> I lack confidence more often than not.  | <input type="checkbox"/> I want to live victoriously in Christ, regardless of the cost.     |
| <input type="checkbox"/> I feel unworthy of love more often than not.                                  | <input type="checkbox"/> I'm living a victorious life in Christ now.                        |
| <input type="checkbox"/> I feel guilt more often than not.   | <input type="checkbox"/> I'm not sure, any more, if I want Christianity.                    |
| <input type="checkbox"/> I feel fearful more often than not (fear of rejection, fear of failure, etc.) | <input type="checkbox"/> I am, more often, what others want me to be, rather than who I am. |
| <input type="checkbox"/> I feel joy more often than not.   | <input type="checkbox"/> I dislike church, but I come anyway.                               |
| <input type="checkbox"/> I feel angry more often than not, even if I don't show it.                    | <input type="checkbox"/> I'm frustrated with life more often than not.                      |
| <input type="checkbox"/> My relationships, generally speaking, lack depth and intimacy.                | <input type="checkbox"/> More often than not, I process my problems without support.        |
| <input type="checkbox"/> I feel apathetic or indifferent more often than not.                          |   |
| <input type="checkbox"/> I feel hopeless more often than not.  |   |

Do/did you have any addictive tendencies (i.e. violence, exercise, food, alcohol, drugs, sex, internet, etc.)?

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Do/did you use alcohol or drugs?                      yes      no                      If yes, what and how often?

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Do (or did) you struggle with pornography?

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Ephesians 6:12 says, “For our struggle is not against flesh and blood, but against the rulers, against the authorities, against the powers of this dark world and against the spiritual forces of evil in the heavenly realms”.

How have you been aware of this truth in your own life?

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Are you familiar with “healing prayer”? If so would you be comfortable receiving healing prayer?

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## Important:

Attendance at *The Journey* sessions is mandatory. Each session builds upon the previous meeting. Can you commit to the scheduled weekly sessions?      yes      no

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

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? YOU MAY WRITE MORE ON THE LAST PAGE OF THIS FORM

*I acknowledge that my responses above reflect an honest self-assessment.*

➤ Signature \_\_\_\_\_ Date \_\_\_\_\_  
PRINT FULL NAME HERE

## 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 Lookout Mountain Community Church leadership 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, the Lookout Mountain Community Church leadership 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 JOURNEY AGREEMENT

I, the undersigned, am applying for *The Journey* program sponsored by Lookout Mountain Community Church. I understand that this program does not take the place of professional counseling and/or therapy of any kind that I may be receiving now, or have received in the past, or plan to receive in the future.

I understand the nature of *The Journey* program and release any liability of Lookout Mountain Community Church.

➤ Signature \_\_\_\_\_ Date \_\_\_\_\_  
PRINT FULL NAME HERE

**ADDITIONAL DETAILS OR INFORMATION YOU WOULD LIKE US TO KNOW**