Care Ministry

Journey Groups

Dear Participant,

Welcome! We are so glad that you want to take part in a **Journey Group.**

**To Register:**

1. Complete the Confidential Questionnaire, Wavier and Group Member’s Agreement. These will only be used by your leaders and will be destroyed at the conclusion of the session.
2. Include Registration Fee $60 registration fee ($50 if registration is received by March 1 2016) (Alumni: early $15/ normal $25 this is without a book).

Mail or hand in to:Centerpoint Church

 Care Ministry – Journey Groups

 2345 N. 10th St.

 Kalamazoo MI 49009

 Attention: Pastor Dar VanderWal

**Schedule:**

Men and Women’s Groups

March 10 – May 19, Thursday evenings, 6:30-8:30 pm

March 19, Saturday 10:00 am to 3:00 pm

No session on March 24, 2016.

**The group will be held in room 401 Lower Level, so please park at the north end of the building and enter door “A”.**

Pick up your “Journey Guide” from Centerpoint Church before the first session, if you desire. They will be available 8-5 Monday-Thursday at the receptionist desk or Sundays at the Ministry Center.

Please call Mike Nelson with any questions at 269-668-4461 or e-mail at milonelson@yahoo.com.

\_\_ **Please check here if you would like to receive email notification of future sessions or events.**

With Hope for the Journey,

Mike Nelson

Journey Group Leader

 ***Journey Group Confidential Questionnaire***

**PLEASE PRINT:**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Session: Tuesday morning N/A Thursday night\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M F Age: \_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: Never Married \_\_\_ Married \_\_\_ Divorced \_\_\_

Separated \_\_\_ Widowed \_\_\_

How did you hear about Journey Groups? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check issues that you have experienced:

\_\_\_ Depression \_\_\_ Chronic Illness \_\_\_ Sexual Identity Confusion

\_\_\_ Marital Problem \_\_\_ Anxiety, Fear \_\_\_ Loneliness

\_\_\_ Drug Addictions \_\_\_ Boundary Struggles \_\_\_ Physical Abuse

\_\_\_ Eating Disorder \_\_\_ Alcoholism \_\_\_ Sexual Abuse

\_\_\_ Grief/Loss \_\_\_ Low Self-Esteem \_\_\_ Emotional Abuse

\_\_\_ Occult Oppression \_\_\_ Job Loss \_\_\_ Unforgiveness/Bitterness

\_\_\_ Workaholism \_\_\_ Relationships \_\_\_ Financial Crisis

\_\_\_ Pornography Addiction \_\_\_ Physical Problems \_\_\_ Church Abuse

\_\_\_ Spousal Abuse \_\_\_ Emotionally Flat Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Give a brief description of how this has impacted you:

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

What help have you pursued in your healing?

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

Have you received any lay or professional counseling? If yes, for what issues?

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

How long were you in counseling? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you discussed your attendance with your counselor? Does your counselor support your involvement in Journey Group? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any medical concerns? If yes, what type?

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

Are you aware of being, or have you been diagnosed as being dissociative or as having a personality disorder? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***-OVER -***

Why are you coming to Journey Group?

What are your expectations?

How would you describe your relationship with God?

Is there anything else that you would like us to know?

Are you willing to commit to coming each week?

Have you read, understood and signed the Journey Group Members Agreement?

For Journey Group leaders use only:

 Session Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group Leader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Received: Questionnaire: \_\_\_\_\_\_\_\_\_ Waiver: \_\_\_\_\_\_\_\_\_\_

 Amount Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WAIVER OF LIABILITY**

Centerpoint Church

In consideration of my electing to participate in a Journey Group under the Care Ministry held at Centerpoint Church, Kalamazoo, MI., I agree that I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name of participant) for myself, my heirs, and executors hereby waive and release and hold harmless, Centerpoint Church, their board members, officers, executive team members, leaders, presenters, employees, and members from and against any and all claims, cost liabilities, expenses and judgments relating in any way, or arising from:

1. my participating in a Journey Group under the Care Ministry at Centerpoint Church, Kalamazoo, MI.
2. any counseling or small group sessions in which I may be involved in which methods or materials developed by Centerpoint Church,
3. my use any information, methods or materials learned at or obtained through the Journey Group or Care Ministry.

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

Signature of Participant Date

**JOURNEY GROUP MEMBER’S AGREEMENT**

1. **Regular Attendance**: I will attend all scheduled teaching lessons and small group sessions. If I cannot attend, I will let one of my leaders know.
2. **Confidentiality**: I will maintain confidentiality of group member’s stories and experiences. What is said in group stays in group. If confidentiality is broken, I will tell the group.
3. **Respect the Process:** I will not tell people what they need to do, interrogate, preach at, or try to “fix” others in the group. I will respect each group member’s process in finding his/her own answers, and will not push into their story when it is unwanted. I will work on the issues that are brought up in group and will talk about the group process as I experience it.
4. **Respect Others:** I will consider the impact of my words on others and will refrain from abusive language.
5. **Share Personally**: I am here to work on my own issues, not others. In doing so, I will use “I” statements to share experiences, insights and feelings.
6. **Limit Sharing**: When necessary I will limit my own sharing to give others a chance to enter in.
7. **Allow Feelings**: I will not touch, hug, pass Kleenex or interfere in an emotional situation without being asked or asking permission. I will avoid minimizing hurts, explaining them away, ignoring them or rescuing people from their feelings.
8. **Listen**: I will avoid “side-talk” to give each person my undivided attention.
9. **Stay on the Subject**: I will avoid debates over controversial topics that are outside the issues. Yet I will not shy away from negative or difficult issues that are on topic.
10. **Consider Others**: I will guard against offending others. If someone offends me I will work it out directly with him/her. I will take responsibility for my thoughts, feelings, issues and recovery. I will give constructive feedback with grace.
11. **Take Responsibility**: I will invest and take care of myself physically, getting sufficient rest and taking prescribed medications. I will not use alcohol or illegal drugs during my group experience.
12. **Accountability**: I will hold my group members to this agreement.

***To help make this group a safe place, I agree to follow the guidelines above.***

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Name Date*