

## REGISTRATION:



NAME: \_\_\_\_\_  
(PRINTED first name) (PRINTED last name)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROV: \_\_\_\_\_ CODE: \_\_\_\_\_

GENDER: M \_\_\_\_\_ F \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

RELATIONAL STATUS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Single: Content? \_\_\_\_ yes \_\_\_\_ no Dating: How long? \_\_\_\_ (yrs) or \_\_\_\_ (mos)

Common Law: How long? \_\_\_\_ (yrs)

Married: How long? \_\_\_\_ (yrs) Is this your \_\_\_\_<sup>1st</sup> \_\_\_\_<sup>2nd</sup> \_\_\_\_<sup>3rd</sup> marriage?

Separated: How long? \_\_\_\_ (yrs) Divorced: How long ago? \_\_\_\_ (yrs)

Widowed: How long ago? \_\_\_\_ (yrs)

Have you attended Freedom Session before? No \_\_\_\_ Yes \_\_\_\_ When? \_\_\_\_\_

Did you: \_\_\_\_ complete Freedom Session ? \_\_\_\_ complete Authentic Living? \_\_\_\_ Graduate?

Have you attended other recovery programs? Yes \_\_\_\_ No \_\_\_\_ When? \_\_\_\_\_

What program and where? (i.e.. AA)? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Do you attend this church? No \_\_\_\_ Yes \_\_\_\_ How long? \_\_\_\_\_

Do you attend another church? No \_\_\_\_ Yes \_\_\_\_ Which one? \_\_\_\_\_

Are you currently under the care of a \_\_\_\_ counselor, \_\_\_\_ psychologist, or \_\_\_\_ psychiatrist?

Are they in favor of you participating in this program? yes no Explain: \_\_\_\_\_

Are you currently on any medication for \_\_\_\_ depression, \_\_\_\_ anxiety, \_\_\_\_ insomnia, \_\_\_\_ eating disorders, or \_\_\_\_ other emotional/mental illness? Please explain: \_\_\_\_\_

### REGISTRATION / CONSENT / PRIVACY COMMITMENT

I (print your name) \_\_\_\_\_ hereby give consent, to the organization/church to which I submit this form, to use the personal information above/below for my pastoral care, participation in church related activities and emergency care. I understand that my personal information may be given to pastoral and/or church staff, program leaders, event coordinators and emergency personnel on a need to know basis. My personal information will be securely stored in an appropriate place, and will not be passed on to any third parties without my/our prior consent. By signing and dating this form I indicate that I have read, understand and approve the above and that this information will be stored for a minimum of one (1) year. I further understand that neither Freedom Session Resources nor Freedom Session International Ministries has any privilege to this information or responsibility for it.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Your honest answers to the following questions will help us place you in the FS Small Group we feel will be the most helpful to you. Please check all boxes that apply. Note: while we do our best to accommodate all who register, we reserve the right to accept or deny registrations based on space, leadership ratios or suitability (in our opinion) that FS will be helpful for you.**

- ☐ Has anyone suggested you attend FS? Why? \_\_\_\_\_
- ☐ Do you feel like you are different than "normal"?
- ☐ Have you been told that your expectations are unrealistic?
- ☐ Do you have a strong need for control in your life?
- ☐ Do you find yourself believing you are unworthy?
- ☐ Are you a "people-pleaser"?
- ☐ Does the fear of failure paralyze you into doing nothing?
- ☐ Do you lie to cover up for someone else's mistake or drug/alcohol use?
- ☐ Do you protect others from the natural consequences of their behaviors and/or actions?
- ☐ Have you had an abortion? Have you pressured a partner, family member or friend to have an abortion?
- ☐ Is there one particular event in your life for which you feel intense guilt/shame that you cannot seem to shake and believe that you could never be forgiven for?
- ☐ Are you afraid to upset other people for fear that they will somehow hurt, reject or maybe leave you?
- ☐ Do you feel like you are personally responsible for other people's lives, decisions or drug/alcohol use?
- ☐ Do you make promises or threats that you don't carry out? (i.e. "If you ever do that again, I'm leaving.")
- ☐ Do you/have you experienced feelings of fear/hatred towards the opposite sex?
- ☐ Do you have trouble believing/receiving God as a loving Father?
- ☐ Have you ever been physically abused by a male or female?
- ☐ Have you ever been sexually abused by a male or female?
- ☐ Do you have gaps in memories from your childhood?
- ☐ Do you find yourself avoiding relationships or struggling with intimacy?
- ☐ Have you been sexually promiscuous before/outside of marriage?
- ☐ Do you smoke? Is yes, how long? \_\_\_\_\_ How many cigarettes or cigars per day: \_\_\_\_\_
- ☐ Do you drink (socially or other)? yes no. If so, average # of drinks per day: \_\_\_\_\_ Per week: \_\_\_\_\_
- ☐ Have you ever struggled with chemical dependency? If so, how much sobriety do you have? \_\_\_\_\_
- ☐ Do you find yourself using drugs (prescription and/or illegal), alcohol, or food in secret?
- ☐ Have you lied to others or made excuses to yourself about your sexual conduct?
- ☐ Has anyone ever expressed concern about your sexual behavior?
- ☐ Do you find yourself regularly watching soap operas and or reading fantasy/romance novels?
- ☐ Do you regularly purchase or view sexually explicit materials? (e.g. magazines, videos or internet)
- ☐ Have you made efforts to quit a type of sexual behavior and failed?
- ☐ Does your weight cause you or others to be concerned about your health?
- ☐ Do you comfort yourself with food when feeling hurt, angry, depressed or bored?
- ☐ Are you significantly over or under weight according to others?
- ☐ Have you ever had thoughts of suicide? yes no. If yes, within the last twelve months? yes no.
- ☐ Do you feel alone in your problem?
- ☐ Do you find yourself trying to change, regulate and control others instead of yourself?
- ☐ Do you find it hard to trust, especially those in authority?
- ☐ Do you avoid intimacy? Physical? Emotional If married, Sexual intimacy?