



sojourn
COMMUNITY CHURCH

Sojourn Care & Counseling

Counseling Ministry Application Packet

The Sojourn elders are excited and grateful you have stepped out in faith by filling out this application to be a part of Sojourn Counseling. You are embarking on an intense and intentional journey of learning and growing in the gospel as you work towards Sojourn's gospel counseling certification and be a part of the Sojourn Care & Counseling team. We pray you will be equipped to live out the gospel and help others to do the same in a fallen world.

The application process is made up of the following steps: (1) complete the application packet (2) complete an interview with a Sojourn elder or ministry leader in Sojourn Care and Counseling, (3) pass a background check, upon successful completion of the first two steps, and (4) receive final approval by an elder in Sojourn Counseling. You must be a Sojourn member to apply.

We ask you prayerfully review and reflect on the qualifications of a deacon found in 1 Timothy 3:8-13 since those who successfully complete the training and testing period for the various levels of ministry can be recognized and serve as deacons within Sojourn Counseling.

The elders and leadership of Sojourn Counseling ask you prayerfully consider God's call on your life as you consider the obligation and sacrifice you will be called upon to accept if you choose to apply and are accepted into the Sojourn Care & Counseling ministry. Please share this information with your spouse, family, and those affected by your decision. Ensure they fully support your decision to join this ministry.

Sojourn Counseling Checklist	
Name:	Date:
Application Packet	
<input type="checkbox"/> Read "A Vision For Gospel Counseling by the Church" <input type="checkbox"/> General Information <input type="checkbox"/> Background Check Information Form <input type="checkbox"/> 3 Recommendation Forms <input type="checkbox"/> Commitment to Confidentiality <input type="checkbox"/> Sojourn Counseling Ministry Covenant	
Interview(s)	
<input type="checkbox"/> 1 st Interview <input type="checkbox"/> 2 nd Interview (as needed)	
Background Check & Final Approval	
<input type="checkbox"/> Background Check <input type="checkbox"/> Final Approval	



What has God been teaching you recently about Himself?

What areas in your life is God leading you towards faith and repentance?

How have you recently responded to conflict with another person?

Sojourn Information

When do you begin attending Sojourn on a regular basis? _____

Sojourn Member? (circle one): Yes / No / In the Membership Process

Which Sojourn service do you attend? _____. Which campus? _____.

Describe your current involvement level here at Sojourn Community Church (Community Groups, Connect, Quest, other ministries, etc.)

Are you in a CG? If yes, which CG? _____.

Counseling Information

Summarize your approach to counseling:



What Scriptures passages have formed your understanding of counseling?

What education, training seminars or workshops have you attended that might be useful for Sojourn counseling?

Date

Description

What books have influenced your view of counseling?

What ministry leadership experience do you have?

Describe any experience or work you have had in counseling (social worker, chaplain, therapist)

What life influences/experiences have contributed to your desire to serve in Sojourn Counseling?

Describe why you might feel God has called you to serve in Sojourn Counseling.

How does your understanding of counseling compare and contrast to the definition given in the position paper, "A Vision for Gospel Counseling by the Church"?

Background Questionnaire

This questionnaire is a key part of our due diligence in determining the suitability of applicants for Sojourn's counseling ministry. Some questions may seem personal, intrusive or even trivial but they are important due to the nature of service. All questions must be answered before any individual will be considered for counseling service with Sojourn. Once completed, this application will be maintained in a confidential file.

- Have you ever been convicted of, plead guilty to, or are charges pending for a crime other than a minor traffic violation or are there any charges currently pending against you?
Yes No If yes, please explain on a separate page.
- Have you ever been accused, charged, and/or convicted of domestic violence, actual or attempted adult and/or child abuse or neglect, child molestation, or any sexual or assault crime related to persons?
Yes No If yes, please explain on a separate page.
- Have you ever been the subject of a civil lawsuit involving, or an investigation or allegation of, sexual misconduct, sexual harassment or other immoral behavior or conduct involving adults or children?
Yes No If yes, please explain on a separate page.
- Is there any reason, including those that are physical or mental health related, that might keep you from effective work with other people to include children/youth, or that may cause other people potential harm?
Yes No If yes, please explain on a separate page.
- Have you ever been addicted or concerned that you were addicted to illegal drugs, alcohol, or another harmful substance? Do you presently use any illegal drugs or substances?
Yes No If yes, please explain on a separate page.
- Have you struggled with pornography within the past year?
Yes No If yes, please explain on a separate page.
- Do you have an investigation, review, or disciplinary action pending by an employer, organization in which you volunteered, or professional association for sexual misconduct, violence or misconduct involving children?
Yes No If yes, please explain on a separate page.
- Were you a victim of abuse or molestation as a minor? If you prefer, you may discuss your answer in confidence rather than answering it on this form. Answering yes will not automatically disqualify an applicant.
Yes No If yes, please explain on a separate page.
- Did you or an immediate family member experience any sexual or physical abuse as a child that could influence you to be a danger to children? Do you struggle with any desire to act sexually towards children or to harm children?
Yes No If yes, please explain on a separate page.
- Have you ever abused a minor or engaged in conduct including abduction for immoral purposes, sexual assault, failing to secure medical attention for an injured adult and/or child, pandering crimes against nature involving adults and/or children, taking indecent liberties with adults and/or children, neglect of adults and/or children, obscenity offenses or similar moral impropriety involving children?
Yes No If yes, please explain on a separate page.

- Have you ever been disciplined or dismissed from any volunteer position or employment for any reason or following an allegation of sexual misconduct, physical aggression, verbal aggression, or other inappropriate behavior or conduct?
Yes No If yes, please explain on a separate page.
- Have you ever been the subject of a complaint or disciplinary proceeding against any professional license or professional affiliation held by you?
Yes No If yes, please explain on a separate page.

Reference Information

Please list three references that you feel understand your spiritual journey and relationship with Christ. This needs to be a (1) pastor or ministry leader, (2) friend within Sojourn Church, and (3) friend outside of Sojourn Church.

Name _____ Phone _____

Address _____ E-Mail _____

Name _____ Phone _____

Address _____ E-Mail _____

Name _____ Phone _____

Address _____ E-Mail _____

Read Carefully

In consideration of the receipt and evaluation of this application by **SOJOURN COMMUNITY CHURCH**, I agree and represent that the information contained in this form is correct to the best of my knowledge. I authorize **SOJOURN COMMUNITY CHURCH** and/or its agents to make an independent investigation of my background, references, character, past employment, education, driver history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications as a volunteer now and, during my tenure as a volunteer with **SOJOURN COMMUNITY CHURCH**.

I authorize any references, or any other person or organization, whether or not identified in this application, to give you any information (including opinions) regarding my character and fitness for volunteer service. I hereby release any individual, church, denominational agency or official, reference, or any other person or organization, including record custodians, both collectively and individually, and whether or not identified in this application, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.

This is a legally binding release that I have read and understand. I understand that I may consult with an attorney before signing this document. A facsimile or photocopy of this authorization shall be as valid as the original.

Name _____ Date _____

Signature _____

Recommendation Form—Pastor or Ministry Leader

Name of Applicant _____

Date _____

The above named applicant has applied to work with counseling at Sojourn Community Church and has listed you as a reference. In order to provide a safe and secure environment for those who participate in our ministry and use our facilities, we would appreciate your candid and honest evaluation. All answers will remain strictly confidential. Your evaluation will be a service to our church and the applicant.

Thank you for your assistance. **This is confidential and will not be shared with the applicant.** Please answer the following questions and submit this form as quickly as possible as it is essential to this individual's service in our ministry.

1. What is your relationship with applicant? Friend Supervisor Co-worker List other _____

2. How long have you known the applicant? _____

3. If applicant was or is an employee:

Name of Business: _____

Applicant's Job Title: _____

Would you rehire this applicant? Yes No If no, please elaborate:

4. Does applicant exhibit tact and self-control? Yes No

5. Does applicant exhibit a positive attitude? Yes No

6. Is applicant dependable? Yes No

7. To your knowledge does the applicant use any illegal drugs or substance? Yes No

8. To your knowledge does the applicant have an addiction to alcohol, or any illegal drugs or substances? Yes No

9. To your knowledge has the applicant ever been arrested or convicted of any crime? Yes No

10. Should we telephone you for additional information? Yes No

11. Do you know of any physical, mental or emotional problems which might hinder effective work in Sojourn Counseling? Yes No If yes, please elaborate.

12. How do you perceive the attitude of the applicant's spouse/fiancé toward Sojourn counseling?

Very positive Positive, with some reservations Neutral Negative

Not applicable Please elaborate _____

13. What characteristics do you consider to be the greatest weakness of the applicant?

14. What characteristics do you consider to be the greatest strengths or talents of the applicant?

15. Do you have any reservations about this person possibly becoming a gospel counselor at Sojourn?

Yes No If yes, please check one:

With confidence With some reservations With reluctance

Additional Comments:

By your signature below, you are verifying that you have filled out the information above to the best of your ability and knowledge.

Signature _____

Phone _____

Address _____

E-Mail _____

Thank you for you helpful responses. Please return this form to.

**Attn: Pastor Robert K. Cheong
SOJOURN COMMUNITY CHURCH
930 MARY STREET
LOUISVILLE, KY 40204**

Recommendation Form—Friend within Sojourn

Name of Applicant _____

Date _____

The above named applicant has applied to work with counseling at Sojourn Community Church and has listed you as a reference. In order to provide a safe and secure environment for those who participate in our ministry and use our facilities, we would appreciate your candid and honest evaluation. All answers will remain strictly confidential. Your evaluation will be a service to our church and the applicant.

Thank you for your assistance. **This is confidential and will not be shared with the applicant.** Please answer the following questions and submit this form as quickly as possible as it is essential to this individual's service in our ministry.

1. What is your relationship with applicant? Friend Supervisor Co-worker List other _____

2. How long have you known the applicant? _____

3. If applicant was or is an employee:

Name of Business: _____

Applicant's Job Title: _____

Would you rehire this applicant? Yes No If no, please elaborate:

4. Does applicant exhibit tact and self-control? Yes No

5. Does applicant exhibit a positive attitude? Yes No

6. Is applicant dependable? Yes No

7. To your knowledge does the applicant use any illegal drugs or substance? Yes No

8. To your knowledge does the applicant have an addiction to alcohol, or any illegal drugs or substances? Yes No

9. To your knowledge has the applicant ever been arrested or convicted of any crime? Yes No

10. Should we telephone you for additional information? Yes No

11. Do you know of any physical, mental or emotional problems which might hinder effective work in Sojourn Counseling? Yes No If yes, please elaborate.

12. How do you perceive the attitude of the applicant's spouse/fiancé toward Sojourn counseling?

Very positive Positive, with some reservations Neutral Negative

Not applicable Please elaborate _____

13. What characteristics do you consider to be the greatest weakness of the applicant?

14. What characteristics do you consider to be the greatest strengths or talents of the applicant?

15. Do you have any reservations about this person possibly becoming a gospel counselor at Sojourn?

Yes No If yes, please check one:

With confidence

With some reservations

With reluctance

Additional Comments:

By your signature below, you are verifying that you have filled out the information above to the best of your ability and knowledge.

Signature _____

Phone _____

Address _____

E-Mail _____

Thank you for you helpful responses. Please return this form to.

**Attn: Pastor Robert K. Cheong
SOJOURN COMMUNITY CHURCH
930 MARY STREET
LOUISVILLE, KY 40204**

Recommendation Form—Friend Outside of Sojourn

Name of Applicant _____

Date _____

The above named applicant has applied to work with counseling at Sojourn Community Church and has listed you as a reference. In order to provide a safe and secure environment for those who participate in our ministry and use our facilities, we would appreciate your candid and honest evaluation. All answers will remain strictly confidential. Your evaluation will be a service to our church and the applicant.

Thank you for your assistance. **This is confidential and will not be shared with the applicant.** Please answer the following questions and submit this form as quickly as possible as it is essential to this individual's service in our ministry.

1. What is your relationship with applicant? Friend Supervisor Co-worker List other _____

2. How long have you known the applicant? _____

3. If applicant was or is an employee:

Name of Business: _____

Applicant's Job Title: _____

Would you rehire this applicant? Yes No If no, please elaborate:

4. Does applicant exhibit tact and self-control? Yes No

5. Does applicant exhibit a positive attitude? Yes No

6. Is applicant dependable? Yes No

7. To your knowledge does the applicant use any illegal drugs or substance? Yes No

8. To your knowledge does the applicant have an addiction to alcohol, or any illegal drugs or substances? Yes No

9. To your knowledge has the applicant ever been arrested or convicted of any crime? Yes No

10. Should we telephone you for additional information? Yes No

11. Do you know of any physical, mental or emotional problems which might hinder effective work in Sojourn Counseling? Yes No If yes, please elaborate.

12. How do you perceive the attitude of the applicant's spouse/fiancé toward Sojourn counseling?

Very positive Positive, with some reservations Neutral Negative

Not applicable Please elaborate _____

13. What characteristics do you consider to be the greatest weakness of the applicant?

14. What characteristics do you consider to be the greatest strengths or talents of the applicant?

15. Do you have any reservations about this person possibly becoming a gospel counselor at Sojourn?

Yes No If yes, please check one:

With confidence

With some reservations

With reluctance

Additional Comments:

By your signature below, you are verifying that you have filled out the information above to the best of your ability and knowledge.

Signature _____

Phone _____

Address _____

E-Mail _____

Thank you for you helpful responses. Please return this form to.

**Attn: Pastor Robert K. Cheong
SOJOURN COMMUNITY CHURCH
930 MARY STREET
LOUISVILLE, KY 40204**

Commitment to Confidentiality

A gossip betrays a confidence, but a trustworthy man keeps a secret (Prov. 11:13)

The Bible teaches that Christians should carefully guard any personal and private information that others reveal to them. Protecting confidences is a sign of Christian love and respect (Matt. 7:12). It also encourages people to seek needed counseling. Since these goals are essential to the ministry of Sojourn Community Church, all staff and ministry leaders are expected to refrain from gossip and to respect the confidences of others. Those involved in counseling cases will carefully protect all information that they receive through case management/counseling sessions, subject to the following guidelines.

Although confidentiality is to be respected as much as possible, there are times when it is appropriate and necessary to reveal certain information to others. In particular, when a Sojourn elder and ministry leader believe it is necessary, they may disclose confidential information to appropriate people in the following circumstances:

- When either the person who disclosed the information, or some other related or involved person, is in imminent danger of serious harm unless others intervene (Prov. 24:11-12)
- When a person refuses to respond appropriately to necessary correction and it becomes necessary to promote repentance through further accountability and discipline through the church (Matt. 18:15-20)
- When Sojourn staff or ministry leaders are required by law to report suspected abuse (Rom. 13:1)
- When Sojourn staff or ministry leaders are required to report non-compliance (to include incidents which violates the law) to outside agencies
- When a minor shares information that the Sojourn staff or ministry leaders believe is in the best interest of the child to disclose information to the parent
- When the Sojourn staff or ministry leader is ordered by a court of law to release your information, we will have to comply with the law.
- When a Sojourn staff or ministry leader is uncertain of how to counsel a person about a particular problem and needs to seek advice from other leaders at Sojourn Community Church (Prov. 11:14)
- This is not an exhaustive list of examples.

By signing this consent form you are permitting the Sojourn leader who is working with you to use discretion to speak to others about your situation as stipulated above and not requiring you to sign a release-of-information form to permit the leader to speak with others about your situation.

Print Name(s)

Sign Name(s)

Sojourn Counseling Ministry Covenant

Sojourn Counseling plays an integral role in gospel mission as we care for and equip the body so that every member can not only live out the gospel in the midst of the struggles and triumphs of life, but are able to help others do the same—inside and outside the church.

As a servant in Sojourn Counseling, I commit to the following aspects of gospel ministry.

Parameters and Perspective

- I have read the Sojourn Community Church Constitution and agree with the core values of belief. I agree that I will not knowingly teach anything that opposes the core beliefs or the constitution.
- I commit to counsel at Sojourn in accordance to the biblical and theological truths and approach described in “A Vision of Gospel Counseling by the Church” document.
- I will endeavor to support the larger ministry of Sojourn Community Church and Sojourn Counseling.

Character and Community

- I commit to be faithful, available, intentional in living out the gospel, teachable, and honest about my sinful heart and humble before the Lord and others.
- I commit to being actively involved in the worship and community of Sojourn Community Church.
- I am committed to keep a close watch on my faith in Christ. I will be accountable to fellow ministry leaders committed to one another’s spiritual maturity in a community environment.
- I will strive to live the Christian life in accordance with the qualifications for a deacon found in 1 Timothy 3:8-13.

Excellence and Protection

- I commit to the intensive Sojourn Counseling training program and work towards the level of certification associated with my ministry position—to include meeting all curriculum, observation, and supervision requirements.
- I commit to the continuing equipping plan required for the challenging work of gospel ministry.
- I commit to serve sacrificially, knowing the counseling ministry requires timely follow-up, evening hours, coordination, equipping community, case conferences, observations, and supervision. Given such demands, my decision to serve in Sojourn Counseling has taken into consideration my family responsibilities and my involvement in other ministries.
- I understand that counseling involves the sharing of intimate details of others; therefore, I commit to the guidelines found in Sojourn’s confidentiality document.
- I understand counseling can involve certain temptations, to include inappropriate relationships with others, abusive use of my position as a counselor, and financial dishonesty; therefore, I commit not to abuse the authority given to me. Individuals are entrusting their lives and abusing the relationship only distorts the message and mission of the gospel.
- I commit not to counsel the opposite sex for my protection as a counselor.
- I will notify the elders if a violation of these principles occurs and I willingly step down if requested by the Sojourn Counseling elders.

I have read and understand the policies of Sojourn Counseling and commit to follow them.

Name _____

Date _____

Signature _____