

PRE-MINISTRY INTERVIEW & CONSENT RELEASE STATEMENT

"The Wilmington Healing Center is a faith-based ministry and all services are free"

Ministry Recipient

Date: _____

Name: _____ Date of Birth: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone # _____

Pre-Interview Steps

1. Ask individual for his or her reasons for desiring this type of ministry.
2. Explain the purpose for this type of Ministry
3. Explain the recipient's responsibility prior to and after their counseling session
4. Explain the risks of the ministry counseling and the failure follow through to maintain freedom. *(give them a copy to keep)*
5. Explain the Ministry Team approach.

Do you believe the potential Ministry Recipient is a candidate? YES _____ NO _____ If Not, Please briefly explain:

Current Medications: _____

Assessment Date: _____ Assessment completed by: _____

Assigned Ministry Team:

Ministry Lead: _____ Support Team Member (s): _____

RECIPIENT CONSENT AND RELEASE STATEMENT

I do hereby affirm and state that I, _____, voluntarily consent for the

(PLEASE PRINT CLEARLY)

WILMINGTON HEALING CENTER, INC. (WHC) and The Refinery Church (TRC) as well as, all volunteers working with (WHC & TRC) to minister to me in the areas of Spiritual Counseling, Personal Ministry and the Ministry of Inner Healing and Soul Care.

*I understand and acknowledge that all ministers, either Ordained, Licensed Pastors or non-ordained ministers, that are involved in my personal ministry are **not** licensed or trained as psychotherapists, mental health professionals, or professional counselors.*

All guidance, counsel, and advice that I receive will be solely based on Scriptural principles and Christian biblical standards as spelled out in the Holy Bible, the written Word of God.

I further understand and acknowledge that all ministry done is solely under the direction and control of the Holy Spirit of God, and that no guarantees are made, nor can any be made, with regard to my current situation or future problems.

It is not the Wilmington Healing Center's responsibility to direct or instruct you about any medications, you must always consult your physician on any medication questions or concerns! I also understand that the WHC and TRC does not have any obligation to report any illegal activity. However, we are morally and legally responsible to report abuse (child, elder or domestic violence) and well as serious suicidal threats and threats of harm to others to the proper authorities.

I State, that I have voluntarily sought this ministry for myself and that I hereby release WILMINGTON HEALING CENTER, Inc. (WHC) and The REFINERY CHURCH (TRC) and all volunteers working with (WHC & TRC) or any of its associates of actual or implied liability that may arise now or in the future because of the ministry I receive, I release (WHC & TRC) from all recourse:

Signature of Recipient

(parent/legal guardian of recipient if under age 18 & Relationship)

Date

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Clients Name: _____

<p>Session # _____</p> <p>Date: _____ Time: _____ / _____</p> <p>Ministry Leader: _____</p> <p>Support Team Member: _____</p> <p>Support Team Member: _____</p> <p>Signature of Client: _____</p> <p>Any Changes that need to be noted:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Session # _____</p> <p>Date: _____ Time: _____ / _____</p> <p>Ministry Leader: _____</p> <p>Support Team Member: _____</p> <p>Support Team Member: _____</p> <p>Signature of Client: _____</p> <p>Any Changes that need to be noted:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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