



Cornerstone Church

Pastoral Care and Peer-To-Peer Counseling Ministry

Dear Friend,

Welcome to the Pastoral Care and Peer-to-Peer Counseling Ministry at Cornerstone Church. We admire the courage, faith, and humility this step represents on your part. It is our prayer that God will bless this step and use our time together to build more hope and direction into your life.

Our goal in the counseling ministry is to provide quality, Christ-centered, peer-to-peer biblical counseling to individuals and families who are hurting and confused.

Our vision for counseling extends beyond a few one-on-one meetings with a counselor. Rarely does lasting change happen in isolation. We encourage you to be involved in the life of your church in various ways as we gather together.

Our team comprises men and women, both staff and non-staff, with a range of experiences & levels of training. We are also blessed with a congregation of generous hearts that see this as a needed ministry, making it possible to offer this service free of charge.

We pray that we can assist you during this challenging time. We look forward to getting to know you and your family as we walk alongside you, encouraging you, listening to your story, and praying with you.

God Bless You,

Rob Stroh

Community Life Director

Cornerstone Church

Marion, IL

Cornerstone Peer-To-Peer Biblical Counseling Agreement

Instructions and Important Information

The next step in the counseling process is to complete the attached form. This form is designed to:

1. Help us get to know you in a comprehensive, holistic, and efficient manner.
2. Help you organize your thoughts about your counseling objectives.

After we receive your completed form, you will be emailed to set up your initial meeting. Please allow up to 4 days for a response, although you will typically be contacted within 1-2 days.

The Form consists of the following parts:

1. Part one contains the policies and counseling agreement of Cornerstone Church. Please read, initial, and sign these pages. If you have any questions, your counselor will be happy to answer them.
2. Part two provides your counselor with background information on your situation (if you are requesting marriage counseling, then you and your spouse will both need to complete a form).

Instructions for Policy Review: After carefully reading each policy, please place your initials in the space provided to indicate your understanding and agreement with each policy. If you have questions, please call the church office at (618) 997-7884. If, for any reason, you are unable to sign these forms, we will be unable to provide you with our services.

Your Rights as a Participant: As a participant, we want you to be comfortable discussing possible outcomes, challenges, and the potential duration of the counseling process. It is important that we mutually understand the goals, desired outcomes, and alternative options to counseling. You have the right to ask about and/or refuse any techniques used. If you believe there are matters you and your counselor are not in agreement about, you are encouraged to report to an elder/pastor at Cornerstone Church as defined in "The Waiver of Liability" below. You may conclude counseling at any time, but we encourage you to consult with your counselor as to the best way and time to do so.

Not Professional Advice: If you have significant legal, financial, medical, or other technical questions, you should seek advice from an independent professional. We do not give medical or legal advice. We are not, nor do we intend to, imply that we are licensed professional counselors.

NON-CORNERSTONE CHURCH APPLICANTS

We are grateful to serve our community by counseling individuals who are not a consistent part of Cornerstone Church. However, due to a lack of counselors at this time, we are giving primary focus to Cornerstone attenders and members. Exceptions can be requested and may be granted in some instances.

Initial here if you understand and agree with this policy: _____

WAIVER OF LIABILITY

In seeking counseling from Cornerstone Church, you must acknowledge your understanding of the following conditions and further release Cornerstone Church, its staff, counselors, employees, elders, and all ministry team leadership from any legal liability, claim, or litigation arising from your participation in this voluntary program. Counseling will be provided by a trained peer-to-peer counselor at no cost to you. The counseling staff are not licensed counselors in the state of Illinois.

1. All counseling is provided in accordance with the biblical principles adhered to by Cornerstone Church and is not necessarily provided in accordance with any local or national psychological or psychiatric association's guidelines.
2. No representation has been made, either expressly or implied, that the biblical counseling offered by the above-mentioned counselors is accepted as customary psychological, medical, and/or psychiatric therapy according to the definitions and terms utilized by those professions;
3. It is understood by the participant(s) that all complaints and grievances will be heard by the pastors and/or elders of Cornerstone Church.
4. For the protection of both our participants and counselors, **video recording** devices (no audio) are installed in certain rooms used for counseling sessions. All activity in the counseling rooms will be video recorded (no audio) and stored locally on a server at the church. These recordings will not be copied or distributed for any purpose unrelated to necessary safety or legal review. By initialing below, you acknowledge that you have been informed that the sessions will be video recorded.

Initial here if you understand and agree with this Waiver of Liability: _____

CONFIDENTIALITY CLAUSE

Confidentiality is a crucial aspect of the counseling process, and we will carefully safeguard the information you entrust to us to the extent required by the Bible and applicable laws. Complete and absolute confidentiality in all cases is not scriptural. Your counselor reserves the right to consult with other members of the Cornerstone Peer-to-Peer Counseling Ministry for the purpose of providing the highest level of care within the church's ministries. Counseling involving the persistent refusal to renounce a particular sin may require consultation with pastors or Elders of the church. If you are a member of another church, we will disclose information about the counseling to your pastor or church leaders only to the extent that you agree, or as necessary for your spiritual care, as outlined in the Bible.

There are exceptions where counseling information **must** be shared outside the church context. Those exceptions would include, but are not limited to, the following:

1. Known or suspected child, elderly, or other vulnerable person abuse of any kind.
2. The intent to take criminal actions or violence against another person.
3. Active suicidal thoughts or intentions.
4. Records are requested by court order or other lawful means.

If you are suicidal during the course of your counseling, it is crucial that you talk with your counselor about these matters. By initialing this paragraph, you are agreeing to share any suicidal thoughts or intentions with your counselor at any time they arise, and that you would seek medical care if you become suicidal in the course of your counseling. In the case of marriage or family counseling, there is limited confidentiality, meaning that confidentiality belongs to the relationship, not to the individual.

Initial here if you understand and agree with this Confidentiality Clause: _____

FINANCIAL POLICY

The counseling ministry at Cornerstone Church is part of our service to our members and the community. We do not charge for the counseling services offered. The graciousness and generosity of our members enable us to offer these services at no charge. There may be books and materials recommended for you to purchase at your cost throughout the course of your counseling. Please notify us if you are unable to purchase said materials.

Initial here if you understand and agree with this Financial Policy: _____

PHILOSOPHY OF CARE

We are confident that the Bible contains all the information necessary for life and godliness (2 Peter 1:3). The Bible addresses a wide range of issues, both general and specific, without leaving any gaps. Our counselors are not infallible, nor do they claim to possess complete knowledge of biblical teaching and its application to life. They are, however, equipped and competent to help people change when they are willing to live according to biblical principles (see Romans 15:14). They will make a point to differentiate between God's commands and their own suggestions.

Your counselor will regularly assign homework to provide further practice in the principles discussed during counseling sessions. This homework is an important part of the counseling process and should be completed for each session. We believe that growth occurs as you pursue Christ-like living in every aspect of your life, and the homework serves as a means to track and encourage that growth. The faithful completion of homework assignments is necessary to the effectiveness of counseling.

Initial here if you understand and agree with this Philosophy of Care: _____

CONSENT TO COUNSEL

Having read and understood the Financial Policy Philosophy of Care Waiver of Liability Confidentiality Clause I, _____,
(Print Name)

relationship. I also understand that Cornerstone Church may terminate services for noncompliance with the plan of care and/or agreed-upon administrative issues, failure to keep or cancel appointments, violent behavior, threats of violence, involvement in criminal behavior, or other similar issues. Please sign to indicate that you have read the policies in this document, you agree with and understand each of these policies, and you are enrolling yourself in counseling of your own will.

Participant Signature: _____ **Date:** _____

Counselor Signature: _____ **Date:** _____

Personal Data Inventory

Date:

Identification Information

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Business Phone: _____

Gender: Male Female Birth Date: _____ Age: _____

Marital Status _____

Education: (Last year completed) _____ Year completed _____

Referred by: _____

Religious Background

- Do you believe in God? _____
- Do you consider yourself a follower of Jesus? _____
- Did you attend church when you were a child? _____
- Are you a member of a church? _____
- Which church do you attend? _____
- How often do you attend? _____
- How often do you pray? _____
- How often do you read the Bible? _____
- Any recent changes in your spiritual life? _____

Personality Information

Circle any of the following words which best describe you now:

active ambitious self-confident persistent nervous hardworking impatient impulsive moody
often-blue excitable imaginative calm serious easy-going shy good-natured introvert
extrovert likable leader quiet submissive self-conscious lonely sensitive

Other: _____

Circle any of the following words which has described you in the past, but has changed:

active ambitious self-confident persistent nervous hardworking impatient impulsive moody
often-blue excitable imaginative calm serious easy-going shy good-natured introvert
extrovert likable leader quiet submissive self-conscious lonely sensitive

Other: _____

Medical History

Have you ever visited a therapist, counselor, psychologist, or psychiatrist before? If so, where, and for what length of time? Briefly describe the main focus of the sessions.

Have you seen your general practitioner or a specialist related to physical and psychological symptoms? If so, please let us know about any relevant findings.

Marriage and Family Information

Name of Spouse: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Business Phone: _____

Birth Date: _____ Age: _____

Education: (Last year completed) _____ Year completed _____

Is your spouse willing to attend counseling? _____

Have you ever been separated? _____

Has either of you ever filed for divorce? _____

Date of marriage _____

Your ages when married Husband _____ Wife _____

Length of Dating _____

Length of engagement _____

Give a brief summary of any previous marriages you have had.

Children

In the space below enter as much information as you think is relevant to your situation.

Name	Age	Gender	Living?	Education	Marital Status

