

1 - Intensive Application



Dear Friend,

Congratulations on beginning the application process for Restoration Path's *4-Day Intensive*. It is encouraging and humbling to see people willing to make themselves vulnerable enough to admit they need help. In your recovery process we pray you will discover that God is the God of where you are right now. He will never bully you into doing things you're not ready for, but will gently and lovingly nudge you toward each successive step of faith. Take heart: the fact that you're about complete this application shows that God has already brought you a long way!

Many applicants that apply struggle with feeling isolated from other people, and some firmly believe that "God alone can heal me". The idea of opening up to someone else about their internal struggles, especially another Christian, may strike them as quite foreign. If you struggle with these feelings, you may find God challenging that mindset from the very start, even as you answer the questions on this form.

As He draws you out of isolation and takes you through the process of becoming honest about your brokenness, you will find (perhaps to your surprise!) that healing will begin to come through other people. God will use others to pour his mercy, grace and love into your life, and the more he pours out the more you will find you have something to give back to others. At Restoration Path you will learn that God doesn't heal in a vacuum. He brings healing as we grow more deeply connected to others in the Body of Christ.

As you prayerfully answer the questions in this application, we want to encourage you: you are applying to be part of a redemptive Christian environment where other believers will be invested in your recovery. As you experience growth and healing, you will become invested in theirs as well. We pray that at this crucial time in your life you will press into God and His Body to find your true fulfillment, posturing yourself to receive the many blessings we know He has for you.

In His Grip,

Restoration Path Staff

admin@restorationpath.org

RESTORATION PATH
PO BOX 343418 • BARTLETT, TN 38184-3418
(901) 751-2468 • (877) 320-5217 • (901) 751-1922 (FAX)
www.restorationpath.org

APPLICATION INSTRUCTIONS/PROCESS

If you have received your application in the mail, please complete within 30 days of receipt. This will ensure that the information submitted is up to date and accurate. Please call or e-mail if you have any questions or concerns regarding the requirements.

COMPLETING THE APPLICATION PROCESS

Please examine each section and their instructions carefully. We will not be able to process your application unless all aspects have been successfully completed. Please mail, email, or fax your application to us along with the following items to our contact information at the bottom of this page.

RESTORATION PATH'S FINANCIAL POLICY & AGREEMENT

PROGRAM:

- I. **4-Day Intensive Program.**

Cost - \$2,500

We require a 2-week Notice if you need or want to cancel your Program.

NO-REFUND POLICY – Under no circumstances will refunds be offered for any segment of the fees for *4-Day Intensive* program including the Application Fee, the Deposit and the Program Fees and any Donations given on your behalf.

I (applicant's name) _____ am applying for the *4-Day Intensive* program. If accepted, I agree to submit the entire balance of my program fees on my start day or before arriving at Restoration Path. I recognize that fees are my responsibility, regardless of who may actually be paying the fees. I also acknowledge that my start date will only be confirmed after Restoration Path has received my non-refundable reservation deposit. I further acknowledge that I have read and accept Restoration Path's **Refund Policy**.

Applicant's Signature: _____ Date: _____

3 - Intensive Application

Please answer each question as honestly as possible. Print legibly – using either blue or black ink.

PART I – PERSONAL INFORMATION

Full Legal Name: _____ Nickname: _____

Home Address: _____

City/State/Zip: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

Email Address: _____

Sex: Male Female Date of Birth: _____

Marital Status: Single Engaged Married Divorced Separated Widowed

If Married/Separated:

Name of Spouse: _____ Years Married: _____

If you are divorced or separated, how long have you been separated or divorced? _____

Have you discussed with your spouse your desire to participate in the 4-Day Intensive program? Yes No

If “Yes”, is he/she supportive of your desire? Yes No If “No”, why not? _____

How did you hear about Restoration Path? _____

If a person referred you - Can we contact them? Yes No If ‘Yes’, please give their name and phone number: _____

Children (if more than 3, please attach a separate sheet):

Names	Ages	Emotional & Spiritual State
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment:

Name of Employer: _____

Address (Include City, State & Zip): _____

Title: _____ How long have you been with this job? _____

PART 2 – SPIRITUAL INFORMATION

Do you attend a local church now? Yes No If “No”, please explain why not: _____

If “Yes”, give name of church: _____

Denomination: _____

How long have you been attending this church? _____

Please check all that apply to your church involvement:

4 - Intensive Application

Sunday Attendance Mid-Week Service Weekly Bible Study Group

Other Activities: _____

Name of Pastor you are closest to (First & Last Name): _____

Have you told your pastor about your interest in being a part of 4-Day Intensive program? Yes No

If "No", please explain why not: _____

PART 3 – RELATIONAL/LIFE DOMINATING ISSUES

Describe your relationship with male authority figures:

Appreciative Comfortable Distant Fearful Anxious Other

Describe your relationship with female authority figures:

Appreciative Comfortable Distant Fearful Anxious Other

Are you, or have you been in an emotionally dependent/exaggerated relationship?

Yes No If "Yes", was it with: Men Women Both

I am have or currently struggling with:

Alcohol Drugs Co-Dependency Emotional Dependency
 Pornography Hetero Sexual Addiction Same-Gender Attraction Sexual Promiscuity
 Homosexual Sexual Addiction Other: _____

Alcohol: do you still drink or struggle with wanting a drink? No Still Use Struggle

Illegal Drugs: do you still use or struggle with using illegal drugs? No Still Use Struggle

If "Still Use", what are you using? _____

What illegal drugs have you used in the past? _____

Do you consider yourself to be in recovery from an alcohol/drug problem? Yes No

If "Yes", how long have you been completely sober? _____

Have you ever contemplated or attempted suicide? Yes No If "Yes", please explain: _____

Have you ever practiced self-mutilation (cutting, burning, etc.)? Yes No If "Yes", please explain: _____

Give three **spiritual** reasons why you want to overcome your sexual struggle:

- 1. _____
- 2. _____
- 3. _____

5 - Intensive Application

Give three **practical** reasons why you want to overcome your sexual struggle:

1. _____
2. _____
3. _____

PART 4 – HEALTH & OTHER INFORMATION

Your overall health would be: Very Good Good Average Poor Dead

Are you currently taking any medication? Yes No If “Yes”, please list each one: _____

Family History:

Is there any history of psychiatric or addiction problems in your family? Yes No If “Yes”, please explain: _____

Part 5 – Counseling/Treatment History:

Have you ever had any counseling/treatment before? Yes No

What was the outcome? _____

Why did the counseling/treatment stop? _____

PART 6 – LEGAL INFORMATION

Have you ever been arrested for any reason? Yes No If “Yes”, please list dates & reason:

6 - Intensive Application

PART 7 – RELEASE OF LIABILITY

I, _____, acknowledge that I have voluntarily applied to *4-Day Intensive* at Restoration Path to participate in worship, teaching, discipleship, and mutual support.

I am aware that this program is not a substitute for psychiatric treatment, psychotherapy, or professional therapeutic counseling. I am voluntarily participating in the activities of Restoration Path with full knowledge of the facts stated herein, and I hereby agree to accept complete responsibility for my own psychological, mental and emotional well being, and any and all risks attendant thereto.

If Restoration Path or one of its affiliated organizations accepts me for participation in its activities, I hereby agree that I, my heirs, assigns, guardians, administrators, executors, legal representatives, and the like, shall not make any claim against, sue, or seek to attack the property of Restoration Path or any of its affiliated organizations, as a result of my participation in these activities; nor shall I, my heirs, assigns, guardians, administrators, executors, legal representatives, and the like make any claim against, sue, or seek to attack the property of Restoration Path or any of its affiliated organizations as a result of the negligence or any other acts of any Restoration Path’s employees, agents, officers, directors, participates, volunteers, or other affiliates.

I, on behalf of myself, my heirs, assigns, guardians, administrators, executors, legal representatives, and the like, hereby release Restoration Path and any of its affiliated organizations from liability for any injury (physical, emotional, or mental) or damage resulting from my participation in *Distance Counseling* program; I furthermore release Restoration Path any of its affiliated organizations from any and all actions, claims, or demands, that I, my heirs, assigns, guardians, administrators, executors, legal representatives, and the like may, at any time, make.

If accepted to *Counseling* Program, I will do my best to adhere to the program policies, structures, and rules.

I have read this agreement and fully understand its contents. I am aware that this is release of liability and a contract between Restoration Path and its affiliated organizations and/or me and I sign it of my own free will.

Applicant’s Signature: _____ **Date:** _____

Did you complete this application yourself? Yes No

If “No”, who helped you? _____ **Relationship:** _____



CONSENT TO RELEASE INFORMATION FORM

In order for Restoration Path to communicate with any person (including a spouse or parent) about your involvement with LIA, a **Consent Form** needs to be completed by you, in its entirety. This form provides LIA your consent and authorization to share information regarding your involvement with this ministry to the people or organizations you specify below. Be sure to complete each section (A, B, C): **DO NOT LEAVE ANY SECTION BLANK!** If you have questions, please contact the Restoration Path Business Office **before submitting**.

A Pursuant to Federal Guidelines concerning my right to confidentiality, I authorize Restoration Path to release information concerning my stay at Restoration Path and/or participation in *Distance Counseling* to the following people and/or organization:

B I specifically consent to the release of the following types of information concerning my stay at Restoration Path and/or participating in *Distance Counseling* (e.g. "all information", "general info only", etc.)

C I understand that I may revoke this consent to release information any time. However, I also understand that any release which has been prior to my revocation and which was made in reliance upon this authorization shall not constitute a breach of my right to confidentiality. Unless I revoke this authorization prior to such time, this authorization to release information shall expire when the following date, event, or condition occurs, at which time no expressed revocation shall be needed to terminate my consent.

By signing below, I acknowledge that I have read, I understand and I agree to Restoration Path's Consent to Release Information Form.

Applicant's Printed Name: _____ **Date:** _____

Applicant's Signature: _____

Witness's Signature: _____ **Date:** _____