

ALONGSIDE, Inc.

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Renewal and Growth Intensive Counseling Retreat Application Form

Name(s) _____ Male Female Couple

Address _____

Phone _____ Cell (optional) _____ E-mail _____

Name of Sending Organization or Church _____

Denomination (if applicable) _____

Dates of the program for which you are applying: _____

Number of adults attending _____ Age range: 20-35 35-50 50+

Names and Ages of children *who will come with you*: _____

Is childcare being requested? _____ (Childcare can be arranged for an additional fee.)

Do you plan to utilize insurance to help pay? (It makes a difference in terms of which counselor we assign to you, so we need to know this from the outset!) yes no

Specific needs or goals in attending the program _____

Is any prospective participant currently suffering with suicidal thoughts/tendencies? _____

Is any prospective participant currently experiencing psychotic/delusional symptoms which are not currently under control with medication? _____

Is chemical/substance dependency or addiction a primary reason for seeking help at this time? _____

Are there any other special needs/issues of which we should be aware? _____

How did you learn about ALONGSIDE? _____

Once your application has been approved, we require a \$500 non-refundable deposit to secure your place. (The invoice on the next page can be used to send to your organization if needed. Just fill in your name and your church or mission's name along with the address.)

Please return this form to ALONGSIDE via any of the contact information listed above. We look forward to the possibility of meeting you and serving you. Thank you for taking the time to answer these questions. Your answers will help us determine whether or not we can be of significant help to you. In the event that ALONGSIDE determines that we cannot offer significant help for your needs, we will attempt to inform you of other care-giving options of which we are aware.

