CHCC Counselor Application and Questionnaire

(To be completed electronically and emailed to counseling @chccbw.org)

Personal:			
First, Last Name			
Spouse			
Address			
		<u>-</u>	
Position			
Church Status:			
Are you a member at CHCC?	yes no	Since?	
Have you been baptized?	yes no	When, Where?	
Are you in a Life Group at CHCC?	yes no	Leader?	
Do you serve in ministry at CHCC?	yes no	Which one(s)?	
Education: College - Degree - Seminary - Graduate School -			
Other professional education or tr	aining:		
Professional agencies or organizat	ions to which you belor	ng:	
ACBC certified agency where Basic One):	c Training Course was c	ompleted (i.e., Faith Conference	e, Track
Type Place Dates			
What other training events, for bil Type Place Dates	blical counseling, have	you attended?	

Survey Questions:

CHCC Counselor Application and Questionnaire

Briefly explain your conversion to Christ: When you hear the term "Counseling" what comes to mind? How would you define biblical counseling? What are the differences, if any, between biblical counseling and psychological methods? What is the difference between discipleship and counseling? Do you accept mental illness as a reasonable explanation for behavioral problems? Why or why not? What responsibility or role should the church play in helping people who need counseling? What responsibility or role should the pastor play in helping people who need counseling? Who is qualified to counsel other people who are struggling with problems? What specific qualities are necessary for a person to be competent to counsel? If you had a family member struggling with depression, who would you recommend that your family member see in order to get help? Why would you pick that person?

For which of the following problems would the Word of God have sufficient answers to address and help the person to change? (check all that apply) __ self-image __ fear __ worry __ panic attacks __ alcoholism __ dysfunctional family __ parenting problems __ anger _ grief __ marriage trouble __ depression __ sexual sins __ suicidal thoughts __ Obsessive Compulsive Disorder __ sexual or physical abuse

CHCC Counselor Application and Questionnaire

drug abuse aging		purpose/value of life yperactivity Disorder (ADHD)		
Are you involved in sinful conduct or do you have unresolved conflicts, which if known, would cause others to question the appropriateness of you being a CHCC Counselor? yes no				
Have you ever been placed und	der church discipline?	yes no		
Are you listed on the Public Se	x Offender Registry?	yes no		
Have you ever been convicted	of a felony?	yes no		