

## BIBLICAL GUIDANCE QUESTIONNAIRE/DISCLAIMER

***Without the signing of this form, Calvary Chapel Bible Fellowship will be unable to provide Biblical Guidance.***

Calvary Chapel Bible Fellowship offers a staff of dedicated Christian men and women who will help you apply the Bible and its principles to your life through prayer, interaction, and the study of God's Word ("Biblical Guidance"). Through such Biblical Guidance, we desire to help you build a strong, personal relationship with God the Father through Jesus Christ, His Son, by means of the Holy Spirit. We want to help you build strong, God honoring relationships with others as taught to us in the Bible.

In consideration for my receipt of Biblical Guidance, the receipt and sufficiency of which consideration is hereby acknowledged, I, on behalf of myself and my respective heirs, successors, assigns, and personal representatives, agree as follows:

**No Warranty.** I agree and acknowledge that any Biblical Guidance I receive is provided "as is" without warranty of any kind, either expressed or implied. I acknowledge that I have received no warranty, guarantee, or promise of any particular result, either expressed or implied, from Calvary Chapel Bible Fellowship, its Pastors, staff members, lay counselors, affiliates, subsidiaries, divisions, members, directors, elders, officers, employees, agents, or volunteers, including the person providing the Biblical Guidance (collectively referred to herein as "CCBF").

I acknowledge and agree that the very nature of any problems, concerns, or questions I may have are necessarily such that no specific result can be promised or warranted by any Biblical Guidance.

**Assumption of Risk.** I agree and acknowledge that my receipt of any Biblical Guidance is entirely at my own risk. Any actions, or lack of actions, I may take are done so solely by my choice and are my responsibility and are not the responsibility or liability of CCBF.

**Release of Liability.** I recognize that staff and lay counselors at Calvary Chapel Bible Fellowship are not licensed counselors, psychologists, or psychiatrists and that the counsel given is based on God's Word alone. To the fullest extent permitted by law, I agree to release CCBF from all actions, courses of action, claims, demands, damages, costs, loss of service, expenses and compensation on account of any and all known and unknown personal injuries, mental anguish or agitation and damage claims to person or property resulting from or arising out of or related to my receipt of Biblical Guidance from CCBF, however such injury or harm is caused, even if it is caused in whole or in part by action, inaction, or negligence of CCBF. This release is intended to discharge CCBF against any and all liability arising out of or connected in any way with my receipt of Biblical Guidance, even though that liability may arise out of negligence or carelessness on the part of CCBF.

**Indemnification.** I agree to indemnify and hold harmless CCBF from all claims or damages of any kind to person or property arising out of, or attributed to, my receipt of Biblical Guidance. I agree to indemnify and hold harmless CCBF for any and all such amounts incurred, whether by settlement or judgment, as well as any amounts incurred by CCBF for defending against any such claim or judgment including all attorney's fees and costs incurred.

**Confidentiality.** I understand that any information I provide CCBF during my Biblical Guidance will be held in strict confidence. I understand and acknowledge, however, that under the following circumstances, California law may require CCBF to report information I have shared to the authorities:

1. If there is an emergency where CCBF has reasonable cause to believe that I could possibly be a danger to myself, to another person, or to the property of another
2. If CCBF has reasonable cause to believe that a child has been the victim of child abuse, the suspected abuse may be required to be reported to the Child Protection Agency immediately by telephone, to be followed up by a written report within 36 hours. If CCBF has reasonable cause to believe that an elderly person has been the victim of elderly abuse, the suspected abuse may be required to be reported to the Elder Abuse Agency immediately by telephone, to be followed up by a written report within 36 hours. Elder or Child abuse may include, but is not limited to the following:
  - a. Physical injury
  - b. Sexual assault and/or exploitation
  - c. Willful cruelty of unjustifiable punishment
  - d. Corporal punishment resulting in a traumatic condition
  - e. Neglect
3. If an unreported life-threatening felony has been committed
4. If required by court order

**No Substitution for Medical Advice.** I understand that if the term “counseling” or “counselor” is used herein or otherwise by CCBF, it does not refer to psychological, state licensed professional, psychiatric, or clinical medical advice. I acknowledge that the method and process by which any Biblical Guidance is provided by CCBF is different in many ways than a clinical or psychological counseling process. I understand that the Biblical Guidance provided to me by CCBF is not meant to be a substitute for counseling or treatment for suicidal ideation or other psychiatric problems.

### GENERAL INFORMATION

Name: \_\_\_\_\_ Primary phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Education; Last Grade completed: \_\_\_\_

Have you ever met with someone at CCBF regarding this or other issues? \_\_\_\_\_

If yes, whom have you met with? \_\_\_\_\_

When did you last meet with them? \_\_\_\_\_

### MARRIAGE / FAMILY INFORMATION

Marital status - *circle one*:    Married    Single    Separated    Divorced    Widowed

Name of Spouse: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_

Ages at the time you married:    Husband \_\_\_\_\_ Wife \_\_\_\_\_ Date of Wedding \_\_\_\_\_

How long did you know your spouse before getting married? \_\_\_\_\_

If you have been separated or divorced, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you or your spouse ever had an abortion? \_\_\_\_\_ If so, how long ago? \_\_\_\_\_

Miscarriage? \_\_\_\_\_ If so, how long ago? \_\_\_\_\_

Have you ever been sexually assaulted or abused? \_\_\_\_\_

If yes to the previous question, have you ever told anyone? \_\_\_\_\_

Was it reported to the police? \_\_\_\_\_ How long ago did it occur? \_\_\_\_\_

Have you ever been accused of sexual assault or abuse? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

Is there someone you have not forgiven? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you have a good relationship with the following:

Father? \_\_\_\_\_ Mother? \_\_\_\_\_ Brother(s)? \_\_\_\_\_ Sister(s)? \_\_\_\_\_

Please read and fill out completely...

Please explain: \_\_\_\_\_

Do you feel safe living in your home? If not, please explain: \_\_\_\_\_

\_\_\_\_\_

List any children (*and ages*) living with you at this time: \_\_\_\_\_

\_\_\_\_\_

List any children (*and ages*) *not* living with you: \_\_\_\_\_

\_\_\_\_\_

### HEALTH INFORMATION

Are you currently under medical treatment or supervision? \_\_\_\_\_

If yes, have you been cleared by your medical practitioner to participate in these meetings?

\_\_\_\_\_ Are you presently receiving counseling from another source? \_\_\_\_\_

If so, where? \_\_\_\_\_

### RELIGIOUS BACKGROUND

What church do you currently attend? \_\_\_\_\_

Address: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

May we contact your Pastor? \_\_\_\_\_

Church attendance per month - *circle one*: 0 1 2 3 4 5 6 7 8 9 10+

Spouse's church attendance per month - *circle one*: 0 1 2 3 4 5 6 7 8 9 10+

Have you come to the place in your life where you can say that you know for certain that if you died tonight you would go to heaven? \_\_\_\_\_

What is the basis for your answer? \_\_\_\_\_

Please read and fill out completely...

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Have you received Jesus Christ as Lord and Savior? \_\_\_\_\_ If so, what changes took place in your life after you were saved? \_\_\_\_\_

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Do you read the Bible? \_\_\_\_\_ If so, how often? \_\_\_\_\_

Do you have family Devotions? \_\_\_\_\_ If so, how often? \_\_\_\_\_

List any ministry activities you are involved in: \_\_\_\_\_

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Explain any recent changes in your spiritual life, if any: \_\_\_\_\_

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What are some of the areas you are having difficulty with? Be as specific as possible (*use a separate sheet of paper if necessary*) \_\_\_\_\_

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What steps have you taken, if any, to resolve the issues that are causing these difficulties?

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How would you like us to help you? (*What are your expectations in coming here?*) \_\_\_\_\_

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Is there any other information that we need to know? Please be honest and remember that what you say is confidential:\_\_\_\_\_

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**In signing this Agreement, I hereby acknowledge and represent that I have read this entire document, that I have answered the previous questions honestly, that I understand its terms and provisions, that I understand it affects my legal rights, that it is a binding Agreement, and that I have signed it knowingly and voluntarily. I also agree not to meet with anyone else here at CCBF regarding the above stated issues while I am receiving guidance.**

### **Authorization to Share Information:**

I understand that anything discussed during my time with a volunteer at Calvary Chapel Bible Fellowship will be held in strict confidence.

However, should the need arise to seek assistance, I hereby give permission for my information to be shared with an appropriate member of the ministry leadership at CCBF. This information will only be shared if it is deemed necessary.

### **THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_ Date \_\_\_\_\_

Note: If you are under 18 years old, a parent or legal guardian must sign.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

CCBF Representative Name \_\_\_\_\_

Signature: \_\_\_\_\_