

Alive At The Center

A Christian Counseling and Training Ministry

“Using God’s Word as the Basis of Truth”

The information asked below is to allow us to more quickly understand you and your reason for requesting application and admittance into one our programs. Please fill out all forms as completely as possible. All information is held in strictest confidence and cannot be divulged to any one without your written permission.

Program applying for: _____

Date: _____

Name: _____ **S.S.#** _____ - _____ - _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Daytime: _____ **Evening:** _____

Email Address: _____

Cell Phone: _____ **Fax:** _____

Place of Birth: _____ **Sex:** _____

Nationality: _____ **Religion:** _____

Marital Background

Marital Status:(please check one) **Single** _____ **Married** _____ **Divorced** _____

Separated _____ **Widow(er)** _____

Cohabiting _____

Spouse’s Name: _____

Married how long: _____

Spouse Deceased? _____ How Long? _____
Divorced? _____ How Long? _____ Annulled? _____

Family Background

List the names and ages of your children:

<u>NAMES</u>	<u>AGES</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

How many are living at home? _____

MILITARY SERVICE

Have you ever been in the Military Service? Yes ___ No ___

If yes, what branch? _____

Were you in combat? Yes ___ No ___

If Yes, what conflict or war did you serve in? _____

Any Military honors or medals? _____

Type of discharges: _____

EDUCATION

What is the highest grade you completed in school? _____

What year? _____

What is the highest degree you have received? (Circle one)

AA BA/BS MA/MS MSW Mth MDiv MBA RN LPN MD DD Thd PhD

Other: _____

What was your major? _____ What was your minor? _____

College or University attended: _____

OCCUPATION

Occupation: _____

Place of Employment: _____

Address: _____

Employer's phone number with area code: _____

What type of work do you do? _____

Spouse's occupation: _____ Work Number: _____

PERSONAL INFORMATION

How long have you been a Christian? _____

What Church do you attend? _____

Do you attend regularly? Yes ___ No ___

Have you ever been convicted of a Felony? Yes ___ No ___

Describe yourself in a few sentences: _____

Why do you want to be a therapist? _____

Do you have any experience in counseling? _____

Please describe your emotional well being: _____

I understand that to the best of my knowledge all the above information is accurate and true and that if any of the above information is found to be false I will be disqualified from any and all programs and will not be entitled to any refunds on monies already paid to Alive At The Center Ministries and or the N.C.C.A.

Signature

Date