



Pastoral Counselor Application

NAME: _____ DOB: _____

Current Address: _____

Phone: _____ Email: _____

Educational Background

Undergraduate School: _____

Major: _____ GPA: _____ Graduation Date: _____

Graduate School: _____

Major: _____ GPA: _____ Graduation Date: _____

Ordination Information

Please list what organization/church body you are presently ordained within or have been historically:

Counseling Training/Experience

Please describe any counseling training and/or experience you have:

Availability

DAY	Check if Available	Please list hours available and or any additional comments related to availability
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Questions

Please answer the following questions. You may add pages/use back as needed.

Why have you chosen to apply for a position with Spring Life?

[illegible]

Please describe your approach to counseling, including any modalities or theoretical orientation you hold.

[illegible]

Please describe how you came to a belief in Jesus Christ, the impact your relationship with God has in your life and significant spiritual growth and services opportunities that you have experienced.

This image shows a full page of handwriting practice paper. It features ten identical rows of horizontal guidelines. Each row is composed of three lines: a solid blue line at the top, a dashed blue line in the middle, and another solid blue line at the bottom. These lines are evenly spaced across the entire page to help students practice letter formation and alignment.

How has your spiritual journey influenced your decision to become a counselor and how do you see yourself implementing your faith into the counseling process?

Describe the population that you would like to work with the **most** or any presenting challenges you are passionate about. (i.e. children, singles, anger management, neurodivergence, etc.)

Give the demographics, areas of focus you are open to working with, and areas you DO NOT want to serve, providing a **complete** picture of the populations you are interested in serving. (i.e. Children (10-17), Women, Couples, Anxiety, Depression, Relational Challenges. Would like to avoid personality disorders.)

Have you, or to your knowledge, has any member of your immediate (nuclear) family, ever received care from any staff member currently employed at Spring Life Counseling?

YES _____ No _____

If YES, please provide the name of the client: _____

Is there anything else you would like us to know about you?

References:

Name: _____

Email: _____ Phone: _____

Name: _____

Email: _____ Phone: _____

Name: _____

Email: _____ Phone: _____

Consent for Background and Reference Checks

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Spring Life Counseling and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish Spring Life Counseling or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

Signature

Date