

PRE-SCREENING COUNSELING QUESTIONNAIRE

COLLECTION OF YOUR PERSONAL INFORMATION: We ask you to provide personal information, such as e-mail address, name, home or work address, or telephone number. We may also ask for demographic information, such as your age, gender, interests and favorites. All information you provide is kept in strictest of confidence within this ministry.

USE OF YOUR PERSONAL INFORMATION: We use your personal information to communicate with you and to ensure that we have assigned the appropriate counselor for your particular needs.

SHARING OF YOUR PERSONAL INFORMATION: Except as described in this statement, we will not disclose your personal information outside of the Counseling Ministry of Mt. Calvary Baptist Church without your consent.

NAME:	ADDRESS:
CITY OF RESIDENCE:	HOME PHONE NUMBER:
EMAIL ADDRESS:	WORK NUMBER:
MARITAL STATUS: <i>(Married, Divorced, Single)</i>	BIRTHPLACE:
HOW LONG HAVE YOU LIVED IN CALIFORNIA?	HOW LONG HAVE YOU LIVED IN SOLANO COUNTY?

CHRISTIAN EXPERIENCE PROFILE

I. ARE YOU A CHRISTIAN? (YES/NO)	
II. IF YES, HOW LONG HAVE YOU BEEN A CHRISTIAN?	
III. ARE YOU A MEMBER OF MT. CALVARY (YES/NO)	IIIa. HOW LONG HAVE YOU BEEN A MEMBER?
IV. ARE YOU A MEMBER OF A CHURCH OTHER THAN MT. CALVARY? IF YES, WHAT IS THE NAME AND ADDRESS OF THAT CHURCH?	
V. DO YOU ATTEND CHURCH ON A REGULAR BASIS? IF YES, ARE YOU ACTIVE IN CHURCH MINISTRY?	
VI. DO YOU ATTEND ANY OF THE TEACHING MINISTRIES AT MT. CALVARY OR AT THE CHURCH WHICH YOU ARE A MEMBER:	

PURPOSE OF COUNSELING

VII. BRIEFLY DESCRIBE THE ISSUE THAT HAS CAUSED YOU TO SEEK COUNSELING.
VIII. WHAT DO YOU HOPE TO GAIN THROUGH COUNSELING?