

Registration Form

PERSONAL INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ Code: _____ Gender: M ___ F ___ : AGE _____

PHONE #: () _____ EMAIL: _____

MARITAL STATUS:(*Circle one*) Single Married Common Law Separated Divorced Widowed

ADDITIONAL INFORMATION

1. Have you attended Freedom Session before? No ___ Yes ___ When? _____
2. Which group were you in? _____ Step completed? _____
3. Have you attended other recovery programs? Yes ___ No ___ When? _____
4. What program and where? (i.e.. AA)? _____
5. How did you hear about us? _____
6. Do you attend this church? No ___ Yes ___ How long? _____
7. Do you attend another church? If so, which one? _____
8. Are you currently under the care of a counselor, psychologist, or psychiatrist? _____
Are they in favor of you participating in this program? yes no Explain: _____
9. Are you currently on any medications for depression, anxiety, insomnia, eating disorders, or other emotional/mental illness? Please explain: _____

Freedom Session THEMES

I'm interested in Freedom Session to help with (check those that apply)

Chemically Dependent Men
 Men Seeking Purity
 Men Seeking Wholeness
 other

Chemically Dependent Women
 Women Seeking Purity
 Women Seeking Wholeness
 Food Addiction
 other

Consent / Registration Form

I (print your name) _____ hereby give consent to the organization/church, to which I am handing in this form, to use the following personal information for my pastoral care, participation in church related activities and emergency care. I understand that my personal information will only be given to pastoral and/or church staff, program leaders, event coordinators and emergency personnel on a need to know basis. My personal information will be securely stored in an appropriate place, and will not be passed on to any third parties without my/our prior consent. By signing and dating this Consent form I indicate that I have read, understand and approve the above and that this information will be stored for a minimum of one (1) year.

Signature _____ Date _____

**Return this form to Ron or Paula at ron@brentwoodchurch.ca or 1410 delta ave burnaby v5b3g2*