

Sample Form Lay Counselor Renewal Application*

Name: _____

Address: _____

Phone: _____ Email: _____

What did you enjoy most about serving in the lay counseling ministry? _____

How can we support you as you continue to serve in this capacity? _____

*(*Note to Ministries: Specific state laws may apply to lay counseling and other spiritual care ministry programs. These requirements vary by state. You should work with an attorney familiar with laws that apply to your church's lay counseling ministry program.)*

BACKGROUND INFORMATION**

Since your initial application, have you participated in sexual misconduct? Since your initial application, have you been accused of, pleaded guilty or no contest to, or been convicted of abuse or any sexual misconduct?

No Yes If Yes, please explain: _____

Since your initial application, have you ever been convicted of or pleaded guilty or no contest to any criminal offense of any kind?

No Yes If Yes, please explain: _____

Since your initial application, have you identified any personal traits/tendencies that could pose a threat to others?

No Yes If Yes, please explain: _____

*(** Note to Ministries: Because of the accusatory nature of these questions, and to the extent that a crime does not pose a threat to counselees, you may not be able to ask these specific questions in your state. Check with your attorney.)*

LAY COUNSELOR RENEWAL RELEASE

I recognize that [NAME OF ORGANIZATION] is relying on the accuracy of the information I provide on the Lay Counselor Renewal Application Form. Accordingly, I attest and affirm that the information I have provided is absolutely true and correct.

I continue to agree with the church's statements of belief on faith, marriage and sexuality. [DETAILS]

I authorize the organization permission to check my background with any governmental entity and law enforcement agency.

I authorize the organization to contact any person or entity listed on the Lay Counselor Application form, and I further authorize any such person or entity to provide the organization with information, opinions, and impressions relating to my background or qualifications.

I voluntarily release the organization and any such person or entity listed on the Lay Counselor Renewal Application Form from liability involving the communication of information relating to my background or qualifications.

I agree to abide by the policies and procedures of the organization and to protect the health and safety of the lay counselees assigned to my care at all times.

Printed Name: _____

Signature: _____ Date: _____

(Please read this document before you sign it.)

This is a sample document only. Your organization is responsible for compliance with all applicable laws. Accordingly, this form should not be used or adopted by your organization without first being reviewed and approved by a licensed attorney in your area. Brotherhood Mutual Insurance Company assumes no liability in the preparation and distribution of this sample form. www.brotherhoodmutual.com/lay-counseling