



Abuse Recovery Ministry & Service 'Her Journey' Leadership Application

Name: _____ Phone: _____ DOB: _____

Cell Phone: _____ E-mail: _____

Address: _____

Church History	City	State	Zip
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1. Church attending: _____ For how long? _____

2. Denomination affiliation: _____ Are you a member? _____

3. Pastor's name: _____ Church phone number: _____

4. Have you accepted Jesus as your Savior? _____ When? _____ Briefly describe your conversion experience: _____

(Use extra paper if needed)

5. Briefly describe your relationship with Christ over the last year. (Devotions, victories, struggles)

(Use extra paper if needed.)

Personal History

Help us get to know you!

6. Marital Status: Married Divorced/ How long? _____ (must be a minimum of one year)

Separated/How long? _____ Single

7. Do you have any children? _____

Names and ages

8. Occupation: _____ For how long? _____

9. How would you describe your reading skills: Below Average Average Above Average

10. Did you experience childhood abuse? _____ Briefly describe what childhood was like for you: _____

(Use extra paper if needed)

11. Have you experience domestic abuse as an adult? _____ If 'yes' please describe what you have gone through: _____
(If you haven't experience domestic abuse, skip down to question 15.)

(Use extra paper if needed)

12. How long have you been out of a domestic abusive relationship? _____

13. Are you currently in counseling for domestic abuse issues? Yes No How long? _____

14. Have you ever received counseling for domestic abuse issues? Yes No For how long? _____

15. Do you feel like you have healed from the abuse you have suffered? _____

16. Has the 'Her Journey' classes helped you? _____ How? _____

'Her Journey' Leadership

17. What location did you attend the HJ group? _____

18. Who is the leader? _____ Have you attended all 15 lessons as a participant? _____

19. Why do you feel led to teach these classes? _____

(Use extra paper if needed.)

20. Location you wish to train, if different from current location _____ Are you able to commit to the 15 week classes as a trainee? _____ When would you like to begin the training? _____

21. If certified as a HJ Leader, what location would you like to lead your group? _____

22. Would you be open to leading in another area if needed? Yes No

23. Do you have previous experience in leading a small group? Yes No

24. How do you feel about following ARMS procedures, guidelines, expectations and training schedule? _____

25. Do you have any previous experience in working with domestic abuse? No Yes, explain

Signature: _____ Date: _____