



Core

First name: **Test**
Middle: **Test**
Last Name: **Test**
Name you go by: **Test**
Address: **Test**
City: **Test**
State: **GA**
Zip: **Test**
Cell phone: **Test**
Email address: **blake.banks@northpointministries.net**
Sex (M/F): **Female**
Birthdate: **1/1/2001**
Marital Status: **Married**



Agreement

Mentoring Model

The Restore mentoring model is based on biblical solutions that facilitate life change through a growing relationship with Jesus Christ. The purpose of mentoring is to focus on *your* personal grief journey—not someone else or a specific problem.

Grief is complicated and is not something you move through quickly. Restore will be part of your grief journey, but it will not be your entire grieving process. Our mentors are not professional counselors but have their own personal stories of loss. If your mentor or a member of the Care staff determine that professional counseling is needed, we will assist you in finding a grief counselor that can better meet your needs.

Initial here:

BB

Attendance and Homework

In order to achieve the maximum benefits in mentoring, I commit to the following:

- **Attend weekly mentoring sessions (60-90 minutes each) with my mentor.**
- **Contact my mentor at least 24 hours in advance if I must cancel.**
- **Be on time. I understand that consistent tardiness or absences may result in discontinuation of mentoring.**
- **Prepare for each mentoring session by completing weekly homework assignments, which may include reading, writing and/or listening to online messages.**

Initial here:

BB

Confidentiality

All communications between you and your mentor are confidential and will only be shared with North Point Ministries staff, contractors, and/or affiliated parties (e.g., record keepers, medical professionals, etc.) on a need-to-know basis. Except as described below, we will not share such information with other third parties without your written consent. Georgia state law requires that the mentor report to the appropriate authorities any suspected sexual abuse, physical abuse, neglect, or serious threat of physical harm to self or others.

In addition, if information is sought as part of a law enforcement investigation or legal proceeding, we may provide the proper authorities or litigants with such information; if a court orders the mentor to testify, the mentor must do so. Other exceptions to confidentiality would be if it were necessary to consult with a supervisor, colleague, or other professional regarding recommendations for treatment. Information may also be transferred as a part of North Point Ministries or its assets being merged into or otherwise transferred into a new corporate entity. In the event of a medical emergency, emergency



medical professionals will be contacted immediately.

Initial here: **BB**

Church Involvement

Which church do you attend? **North Point Community Church**

If you attend one of our Atlanta churches:

How often do you attend the Sunday worship services? **Regularly (2-3 times per month)**

Have you served, or are you currently serving in any ministry at our church? **Yes**

If so, where? **Test**

Are you in a North Point Ministries affiliated small group? **Yes**

Personal Background

Please briefly tell us about your loss(es).

Relationship: **Parent**

Tell us about the person, the circumstances surrounding your loss, and how long it has been since the loss.

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Is there another loss you wish to share with us? **No**

Family History

I am: **Married**

How long have you been married? **Test**

Do you have children? **Yes**

Please list the ages of your children.

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Medical History

Have you previously been through professional counseling? **Yes**

List dates of previous counseling.

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Name(s) of counselor(s)



Test

What were the results of your counseling?

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Are you currently under the care of a physician or psychiatrist? **Yes**

I am under the care of: **A general practitioner**

For what specific issue(s) are you being treated?

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Please list any medications you are currently taking.

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Please list any other medical or psychological issues you think would be important for us to know.

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Personal History

Have you ever been arrested, charged with, or convicted of a felony? **Yes**

Please explain:

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Have you ever personally struggled with or experienced abuse (alcohol, drugs, physical, sexual)? **Yes**

I have struggled with/experienced:

Alcohol abuse **Yes**

Drug abuse **Yes**

Physical Abuse: **Yes**

Sexual abuse **Yes**

What steps have you taken to recover/heal?

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Spiritual

Do you consider yourself a Christian? **Yes**



Please explain how and when you placed your faith in Jesus Christ as your Savior.

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Describe your personal relationship with Jesus Christ.

Test

What is your religious background?

Test

Is your spouse a Christian?

Test

Expectations

What would you like to see happen in your Restore mentoring sessions?

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Please list the days of the week that you would be available to meet with your mentor (please specify mornings/evenings for each day).

Preference 1

Sunday a.m.

Preference 2

Sunday p.m.

Preference 3

Monday a.m.

What is your preferred email address for us to contact you regarding your request?

test.test@northpoint.org