



# The Potter's Group

## Application

Please fill out the following forms and return them to Pastor Bob Lee, % Lazy Mountain Bible Church, 16005 E. Shawn Drive, Palmer, AK 99645.

*We are the clay, and You, our potter.  
And all of us are the work of Thy hand.  
Isaiah 64:8*

Pastor Lee will be overseeing the application process, selection of group participants and group placement. Once you are selected for a group, your application will be given to your group leaders before the first meeting to help them get to know a little of your background. Other leaders, of other groups, will not have access to your information. We will try to limit the number of people seeing your application. We are committed to keeping your application confidential.

*Please print:*

Name: \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_

E-mail: \_\_\_\_\_ Shared with family members? Yes or No

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Church: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Children: Yes or No, # \_\_\_\_\_ Ages: \_\_\_\_\_

## Group Questionnaire

Our small group ministry is designed to provide a confidential and grace filled environment for sharing and encouraging recovery for people wounded by others. Knowing a little bit more of your background will help with the group selection process, and will help your leaders when you begin sharing your story in the first few sessions. This questionnaire will be given to your group leaders. Pastor Bob Lee and Dr. Larry Severson overall all the group leaders and as such may also review this information.

How did you hear about the group?

1. Is this the first time you will be sharing in a group about the things that have wounded your heart?

2. Have you ever been a part of a small group ministry to survivors of abuse or people who have deep heart wounds? Yes or No As a Member or Leader How would you evaluate your experience?

3. Were you ever abused in any of the following ways: (Circle your answer)

Domestic/Spousal? Yes No If yes, age: \_\_\_ relationship of abuser to you:

Emotional? Yes No If yes, age: \_\_\_ relationship of abuser to you:

Physical? Yes No If yes, age \_\_\_ relationship of abuser to you:

Satanic Ritual Abuse? Yes No If yes, age \_\_\_ relationship of abuser to you:

Sexual? Yes No If yes, age \_\_\_ relationship of abuser to you:

Spiritual? Yes No If yes, age \_\_\_ relationship of abuser to you:

Verbal? Yes No If yes, age \_\_\_ relationship of abuser to you:

4. You may not identify with any of the above areas of abuse. Yet, we all have experienced disappointments or wounds in life. What disappointments or wounds are you aware of that might still be affecting you today?

5. At what age did you first talk about your abuse/heart wounds?

6. Who did you talk to and what was their response?

7. Have you received any lay or professional counseling? \_\_\_Yes \_\_\_No  
If yes, for what issues?

8. How long have you been, or were, in counseling?

9. Are you currently receiving counseling? \_\_\_Yes \_\_\_No  
a. If yes, have you discussed your attendance in this group with your counselor?  
\_\_\_ Yes \_\_\_ No  
b. Will you give us written permission to contact your counselor? \_\_\_Yes \_\_\_No

10. If you are married, how does your spouse feel about you joining a weekly group to share with others about your wounds?
11. What other help have you pursued in your healing, if any: (e.g. talking to pastor, other ministry leaders, books, seminars) Please list.
12. Are you aware of being, or have you been diagnosed as being disassociative?  
 Yes  No If yes, please explain.
13. Have you had struggles with suicidal thoughts or attempts?  Yes  No  
If yes, please explain.
14. Are you currently using nonprescription drugs or alcohol?  Yes  No  
If yes, are you willing to abstain from them for the duration of the group sessions?  
 Yes  No
15. Is there anything else you feel we need to be aware of, as you become part of this group?

*Disclaimer: This small group ministry is not intended to substitute for mental health, medical, pastoral, legal or other professional services. This is a sharing/discovery group, not a counseling group. If expert assistance is required, the services of a competent professional should be sought!*



# The Potter's Group

## *Waiver of Liability*

*The Potter's Group,  
Lazy Mountain Bible Church,  
And Open Hearts Ministry*

*We are the clay, and You, our potter.  
And all of us are the work of Thy hand.  
Isaiah 64:8*

---

In consideration of my electing to participate in The Potter's Group, a ministry of Lazy Mountain Bible Church, in Palmer, Alaska, I agree that I, for myself, my heirs and executors, successors and assigns hereby completely and unconditionally release and agree to defend, indemnify and hold harmless, Lazy Mountain Bible Church and Open Heart Ministries, Inc., their board members, officers, executive team members, leaders, presenters, employees and other representatives, from and against any and all claims, costs, causes of action, expenses, judgments, and liabilities of any kind whatsoever resulting from, arising out of or in any way relating to:

- a) my participating in The Potter's Group at Lazy Mountain Bible or at

\_\_\_\_\_

- b) any counseling or small group sessions in which I may be involved at Lazy Mountain Bible Church, or \_\_\_\_\_

- c) my use of any information, methods or materials learned at or obtained through The Potter's Group ministry, and Open Hearts Ministry.

Signature or Participant: \_\_\_\_\_ Date: \_\_\_\_\_

***The Potter's Group - Lazy Mountain Bible Church***  
**EMERGENCY INFORMATION**

---

---

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**If there is a medical/emotional emergency involving me, I release Lazy Mountain Bible Church to contact:**

---

---

**EMERGENCY CONTACT INFORMATION**

---

---

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to you \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Physical home address: \_\_\_\_\_

---

And if applicable:

Name of friend/relative we can contact:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone number: \_\_\_\_\_ Alternate number: \_\_\_\_\_

Therapist/counselor:

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency contact number: \_\_\_\_\_

---

---

**MEDICAL INFORMATION**

---

---

Please PRINT any allergies, medications, illnesses, special needs, or disabilities:

---

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

---