

**Hope and Restoration Pathways Christian Counseling, Inc.  
Christian Counselor Application**

**Personal Information**

Name: \_\_\_\_\_

Street address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Marital Status:**

\_\_\_ Married \_\_\_ Divorced \_\_\_ Remarried \_\_\_ Widow/Widower \_\_\_ Single (never married)

**Church Participation**

Your local church: \_\_\_\_\_

Name of Pastor: \_\_\_\_\_

Denomination: \_\_\_\_\_

Church responsibilities \_\_\_\_\_

Would you consider your pastor a personal reference?

YES, may contact NO, not familiar enough Other: \_\_\_\_\_

**Education**

Degree(s) and where earned: \_\_\_\_\_

**Professional Information**

Do you hold any professional licenses in the State of North Carolina? Yes \_\_\_ NO \_\_\_

If so, what licenses do you hold? \_\_\_\_\_

How long have you been licensed? \_\_\_\_\_ Expiration of license \_\_\_\_\_

***Please attach a copy of all current licenses.***

Are you accredited/certified in any specialty in NC? Yes \_\_\_ No \_\_\_

If so, which accreditations/certifications do you hold? \_\_\_\_\_

How long have you been accredited/certified? \_\_\_\_\_

***Please attach a copy of all current accreditations/certifications.***

## **Counseling Preferences**

What types of clients do you prefer to counsel? (age, marital status, gender)

**Specialties:** In which of the following areas do you feel especially qualified? (Please designate **no more** than 12 areas of specialty)

- |  |  |
|--|--|
| <input type="checkbox"/> Attention Deficit Disorder/ADHD             | <input type="checkbox"/> Mediation                         |
| <input type="checkbox"/> Adoption                                    | <input type="checkbox"/> Mid-Life Crisis                   |
| <input type="checkbox"/> Anxiety                                     | <input type="checkbox"/> Missionary Re-Entry               |
| <input type="checkbox"/> Anger Management                            | <input type="checkbox"/> Obsessive/Compulsive Disorder ___ |
| <input type="checkbox"/> Bi Polar Disorder                           | <input type="checkbox"/> Pastors' Families                 |
| <input type="checkbox"/> Career & Employment                         | <input type="checkbox"/> Phobias                           |
| <input type="checkbox"/> Children's counseling (begin at age: _____) | <input type="checkbox"/> Physical Disabilities             |
| <input type="checkbox"/> Child/Physical Abuse                        | <input type="checkbox"/> Play Therapy                      |
| <input type="checkbox"/> Chronic Pain                                | <input type="checkbox"/> Post-Abortion                     |
| <input type="checkbox"/> Crisis Counseling                           | <input type="checkbox"/> Post-Traumatic Stress             |
| <input type="checkbox"/> Depression                                  | <input type="checkbox"/> Pregnancy                         |
| <input type="checkbox"/> Developmental Disabilities                  | <input type="checkbox"/> Pre-Marital                       |
| <input type="checkbox"/> Divorce Recovery                            | <input type="checkbox"/> Prison/Probation                  |
| <input type="checkbox"/> Domestic/Family Violence                    | <input type="checkbox"/> Rape Recovery                     |
| <input type="checkbox"/> Eating Disorders                            | <input type="checkbox"/> Sexual Abuse                      |
| <input type="checkbox"/> Family                                      | <input type="checkbox"/> Sexual Problems                   |
| <input type="checkbox"/> Gender Identity Issues                      | <input type="checkbox"/> Spanish Speaking                  |
| <input type="checkbox"/> Grief                                       | <input type="checkbox"/> Spiritual Issues                  |
| <input type="checkbox"/> HIV/AIDS                                    | <input type="checkbox"/> Suicide/Suicide                   |
| <input type="checkbox"/> Learning Disabilities                       | <input type="checkbox"/> Teenagers                         |
| <input type="checkbox"/> Life Coaching                               | <input type="checkbox"/> Women's Issues                    |
| <input type="checkbox"/> Marriage                                    |  |
| <b>Geriatrics:</b>   | <b>Addictions:</b>   |
| <input type="checkbox"/> Adult Children Relationships                | <input type="checkbox"/> Alcohol                           |
| <input type="checkbox"/> Alzheimer's/Dementia                        | <input type="checkbox"/> Drugs                             |
| <input type="checkbox"/> Grandparenting                              | <input type="checkbox"/> Gambling                          |
|  | <input type="checkbox"/> Internet/Chat Rooms               |
|  | <input type="checkbox"/> Sexual Addiction/Pornography      |

Do you have any specialties not listed? \_\_\_\_\_ If so, what are they?

What issues do you prefer **NOT** to treat?

### **Counseling Philosophy**

Please attach a description of your philosophical approach to counseling. (At HARP we are interested particularly in the integration of faith, prayer and the Bible in the clinical counseling process, so a description of your perspective would be beneficial to determine your fit at HARP).

### **Faith and Counseling**

Do you agree fully with the statement of faith of HARP? (see attachment)

Yes \_\_\_ NO \_\_\_

If there are any areas of disagreement please help us understand your perspective by attaching a detailed explanation.

How would you describe your faith to a client? Provide a summary of your salvation experience. When were you water baptized?

How do you handle counseling of those who do not share your faith?

If you have an issue where a client's expressed desires conflicted with God's commands, how do you handle it?

When do you counsel couples to divorce? When would you counsel couples to not divorce? Do you have experience with marriage counseling?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Summary of Attachments to submit with this form**

Please do not submit this form without all appropriate attachments as listed below:

- | Photocopies of any and all current licenses
- | Photocopies of any and all current accreditations/certifications
- | School transcripts
- | Counseling philosophy statement

**HARP Christian Counseling, Inc.**  
**STATEMENT OF FAITH**

**1. ABOUT GOD**

God is the Creator and Ruler of the universe. He has eternally existed in three personalities: The Father, the Son, and the Holy Spirit. These three are equal and are one God.

Genesis 1:1,26,27,3:22; Psalm 90:2; Matthew 28:19; I Peter 1:2 II Corinthians 13:14

**2. ABOUT JESUS CHRIST**

Jesus Christ is the Son of God. He is coequal with the Father. Jesus lived a sinless human life and offered Himself as the perfect sacrifice for the sins of all people by dying on a cross. He rose from the dead after three days to demonstrate His power over sin and death. He ascended to Heaven's glory and will return again someday to earth to reign as King of Kings, and Lord of Lords.

Matthew 1:22,23; Isaiah 9:6; John 1:1-5, 14:10-30; Hebrews 4:14,15; 1 Corinthians 15:3,4; Romans 1:3,4; Acts 1:9-11; I Timothy 6:14,15; Titus 2:13

**3. ABOUT THE HOLY SPIRIT**

The Holy Spirit is coequal with the Father and the Son of God. He is present in the world to make men aware of their need for Jesus Christ. He also lives in every Christian from the moment of salvation. He provides the Christian with power for living, understanding spiritual truth, and guidance in doing what is right. He gives every believer a spiritual gift when they are saved. As Christians, we seek to live under His control daily.

I Corinthians 3:17; John 16:7-13, 14:16,17; Acts 1:8; 1 Corinthians 2:12, 3:16; Ephesians 1:13; Galatians 5:25; Ephesians 5:18.

**4. ABOUT THE BIBLE**

The Bible is God's word to us. It was written by human authors under the supernatural guidance of the Holy Spirit. It is the supreme source of truth for Christian beliefs and living. Because it is inspired by God, it is the truth without any mixture of error.

II Timothy 3:16; II Peter 1:20,21; II Timothy 1:13; Psalm 119:105,160,12:6; Proverbs 30:5.

## **5. ABOUT HUMAN BEINGS**

People are made in the spiritual image of God, to be like Him in character. People are the supreme object of God's creation. Although every person has tremendous potential for good, all of us are marred by an attitude of disobedience toward God called "sin". This attitude separates people from God and causes many problems in life.

Genesis 1:27; Psalms 8:3-6; Isaiah 53:6a, 59:1,2; Romans 3:23.

## **6. ABOUT SALVATION**

Salvation is God's free gift to us but we must accept it. We can never make up for sin by self-improvement or good works. Only by trusting in Jesus Christ as God's offer of forgiveness can anyone be saved from sin's penalty. When we turn from our self-ruled life and turn to Jesus in faith, we are saved. Eternal life begins the moment one receives Jesus Christ into his life by faith.

Romans 5:1,6:23; Ephesians 2:8,9; John 14:6,1:12; Titus 3:5; Galatians 3:26.

## **7. ABOUT ETERNAL SECURITY**

Because God gives us eternal life through Jesus Christ, the true believer is secure in that salvation for eternity. If you have been genuinely saved, you cannot "lose" it. Salvation is maintained by the grace and power of God, not by the self-effort of the Christian. It is the grace and keeping power of God that gives us this security.

John 10:29; II Timothy 1:12; Hebrews 7:25, 10:10,14; I Peter 1:3-5

## **8. ABOUT ETERNITY**

People were created to exist forever. We will either exist eternally separated from God by sin, or eternally with God through forgiveness and salvation. To be eternally separated from God is Hell. To be eternally in union with Him is eternal life. Heaven and Hell are real places for eternal existence.

John 2:25, 3:16, 5:11-13; Romans 6:23; Revelation 20:15; Matthew 1:8, 2:44,46.