**FRESH HOPE FACILITATOR**



**SCREENING APPLICATION**

First Name Last Name \_\_\_

Address \_\_\_

City State Zip \_\_\_

Phone Cell \_\_\_

Email \_\_\_

Date of Birth \_ Marital Status \_\_\_ \_\_\_\_\_\_\_\_\_

Children: [ ]  Yes [ ]  No Grandchildren: [ ]  Yes [ ]  No

How long have you been a Christian? \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Name/city of your home church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What ministry training have you had, if any? \_\_\_ \_\_\_ \_\_\_ \_\_\_

What experience do you have leading small groups? \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_

Do you have a mental health diagnosis? If so, what is the diagnosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_

When was the diagnosis made? \_\_\_

What type of care and/or medication are you currently receiving? \_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_

 \_\_\_

Do you have a relapse prevention plan or system of accountability? \_\_\_ \_\_\_\_\_\_\_\_\_

**Please rate yourself in the following areas (5=high; 1=low)**

 Work well with difficult people

 Self-Motivated – Self Starter

 Readily recognize my mistakes

 Take correction well

 Sensitive to the needs of others

 Just willing to help

 Spiritual Maturity

 Good Listener

 Spiritually stable

 Stability in relationships with others

 High degree of integrity/honesty

 Well organized

 Respectful of those in authority

 Self-disciplined

 Open to change

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* Please share a brief summary of coming to know Jesus as your Lord and Savior, and His influence and plan in your life today. How has He been part of your recovery?
* Please ask your pastor to complete the following endorsement. (may be enclosed or sent separately)
* Please ask your doctor or therapist to complete the following endorsement. (may be enclosed or sent separately)

Please submit via email, mail, or fax to:

Julie@FreshHope.us

Fresh Hope

3434 N 204th St

Elkhorn, NE 68022

Fax 402.763.9257

# Letter of Recommendation – Pastor



 *Fresh Hope is a peer-to-peer support group in which members encourage one another as equals under the guidance of a facilitator. The purpose of Fresh Hope is to empower those with mental health challenges and their loved ones to live a full, rich, and faith-filled life in spite of having a mental health diagnosis.*

 *Fresh Hope is not intended to replace professional treatment such as therapy and prescribed medications when needed. Rather, Fresh Hope serves as a supplemental support and information system so that members and those who love them might develop tools to help them manage their illness on a daily basis in order to live with dignity and hope in Christ. More information may be found at www.FreshHope.us.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has expressed a desire to train and serve as facilitator for your church’s Fresh Hope Group.

What is your relationship to the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check all that apply:**

 Sensitive to the needs of others

 Works well with difficult people

 Self-Motivated – Self Starter

 Accepts criticism & correction well

 Spiritual Mature/Stable

 Good Listener

 Stable relationships with others

 Well-organized

 Self-disciplined

 High level of integrity & honesty

Comments or Concerns

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_ I recommend this applicant to serve as our Fresh Hope group facilitator.**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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# Letter of Recommendation – Doctor/Therapist



 *Fresh Hope is a peer-to-peer support group in which members encourage one another as equals under the guidance of a facilitator. The purpose of Fresh Hope is to empower those with mental health challenges and their loved ones to live a full, rich, and faith-filled life in spite of having a mental health diagnosis.*

 *Fresh Hope is not intended to replace professional treatment such as therapy and prescribed medications when needed. Rather, Fresh Hope serves as a supplemental support and information system so that members and those who love them might develop tools to help them manage their illness on a daily basis in order to live with dignity and hope in Christ. More information may be found at www.FreshHope.us.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has expressed a desire to train and serve as a volunteer Fresh Hope Group Facilitator.

What is your relationship to the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check all that apply:**

 Sensitive to the needs of others

 Works well with difficult people

 Self-Motivated – Self Starter

 Accepts criticism & correction well

 Spiritual Mature/Stable

 Good Listener

 Stable relationships with others

 Well-organized

 Self-disciplined

 High level of integrity & honesty

Comments or Concerns

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**\_\_\_ This applicant is receiving / has received treatment under my care, and is at a point that I believe is capable of leading a Fresh Hope group.**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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