

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 _____

Church/Ministry Location where meeting will be held (if different) _____

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

_____ Spiritually stable

_____ Self-Motivated – Self Starter

_____ Stability in relationships with others

_____ Readily recognize my mistakes

_____ High degree of integrity/honesty

_____ Take correction well

_____ Well organized

_____ Sensitive to the needs of others

_____ Respectful of those in authority

_____ Just willing to help

_____ Self-disciplined

_____ Spiritual Maturity

_____ Open to change

_____ Good Listener

=====

- 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 with your pages, or sent separately)
- **If you have a diagnosis**, please ask your doctor or therapist to complete the following endorsement. (may be enclosed with your pages, 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 | _____ Good Listener |
| _____ Works well with difficult people | _____ Stable relationships with others |
| _____ Self-Motivated – Self Starter | _____ Well-organized |
| _____ Accepts criticism & correction well | _____ Self-disciplined |
| _____ Spiritual Mature/Stable | _____ High level of integrity & honesty |

Comments or Concerns

_____ I recommend this applicant to serve as our Fresh Hope group facilitator.

Signature _____

Title _____ Date _____

Print Name _____

Phone _____ Email _____

Church Name and Location _____

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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 | _____ Good Listener |
| _____ Works well with difficult people | _____ Stable relationships with others |
| _____ Self-Motivated – Self Starter | _____ Well-organized |
| _____ Accepts criticism & correction well | _____ Self-disciplined |
| _____ Spiritual Mature/Stable | _____ High level of integrity & honesty |

Comments or Concerns

_____ 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 _____

Print Name _____

Phone _____ Email _____

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Julie@FreshHope.us

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