



## Application for Connecting Relationships

Please complete one application per person

Please check the services you are interested in:

Counseling \_\_\_\_\_  
Mentoring \_\_\_\_\_  
Small Group Study \_\_\_\_\_  
Workshop \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_, Cell phone \_\_\_\_\_

Email address: \_\_\_\_\_ Age: \_\_\_\_\_

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

How long have you been married? \_\_\_\_\_ Anniversary date: \_\_\_\_\_

Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_ Have you been previously married? \_\_\_\_\_

Details of previous marriages: \_\_\_\_\_

Briefly describe your original family (parents, siblings, step-parents, step-siblings, etc):

\_\_\_\_\_

\_\_\_\_\_

List three goals you have for your marriage. Be as detailed as possible.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

What are your reasons for contacting us? \_\_\_\_\_

\_\_\_\_\_

How did you hear about Connecting Relationships? \_\_\_\_\_

Where do you worship? \_\_\_\_\_ How Long? \_\_\_\_\_

Describe your relationship with God and your salvation experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you, or are you presently, seeing a professional counselor or pastor? \_\_\_\_\_

For how long? \_\_\_\_\_ What has been the result? \_\_\_\_\_

\_\_\_\_\_

Are you currently taking or have you taken in the past - anti-depressants; mind-altering drugs; legal medications/drugs; illegal medications/drugs; alcohol or cigarettes? List type and for how long? \_\_\_\_\_

\_\_\_\_\_

Have you been diagnosed with a mental illness? \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Do you have any food allergies, illnesses or special needs we should be aware of? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Personal Commitment to Participate:**

- Participation: I commit to give myself to my spouse and to participate 100%. I also agree to do the assigned exercises, couples connecting dyads, individual reflection, Personal Evaluation, and homework assigned.
- I agree to make arrangements for childcare and understand that none is provided.

**Our Commitment to You:**

- Confidentiality: We commit to keeping anything and everything that is shared by you strictly confidential in order to maintain trust and allow for safe disclosure.
- If we judge you, we cannot help you. We've been on the other side and we know how difficult it is to define and discuss painful issues. You must be willing to allow healing from Jesus as we walk you through prayers to healing of issues.
- We will teach you skills to continue learning, healing and growing after counseling. This is an on-going process and follow-through on your part is necessary. Please feel free to call, email or return as necessary.
- Our desire is that this ministry be available without cost to any couple who desires to come to freedom in Christ. The ministry of Connecting Relationships is supported through contributions of those who share our desire to make this ministry possible and by love offerings from couple who have received help.
- We have a prayer team that prays specifically for the ministry of Connecting Relationships and anonymously for the couples we spend time with.
- If at any time you feel the need to discontinue counseling or mentoring you are free to do so, we would appreciate feedback as to why you came to that decision.

**Release of Liability:**

I understand and agree that I am fully responsible for my well-being during this time, including all my decisions to participate and any disclosure of my situation.

I acknowledge, understand, and agree to hold Connecting Relationships, Tom & Judy Shewmake and David & Melissa Garske and any other facilitators, mentors, or presenters harmless from any and all liability.

I attest that no guarantees have been made to me as the outcome of my participation in the counseling or mentoring process. I am aware that I can choose to leave at any time.

I recognize this is NOT traditional psychotherapy and that Connecting Relationships are NOT professional or licensed therapists or psychological practitioners.

I recognize that I am simply spending time with Tom & Judy Shewmake of Connecting Relationships with the purpose of learning skills that if applied, could improve my marriage.

By my signature below I agree to the above Personal Commitment to Participate, Release of Liability and payment and that I am committed to attending counseling with my spouse and working on both my individual issues and our marital issues together.

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Signature:

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Date: