



## Mentoring Information and Consent

### Confidentiality Commitment

All information disclosed to your life mentor will be kept in strict confidence. However, persons receiving mentoring can expect confidentiality modified in the following situations:

1. When the personal safety of the person receiving mentoring or another person is an issue.
2. When any form of child abuse (physical or sexual) or child neglect is disclosed to or suspected by your mentor.
3. When and if disclosure is required by a court of law.

### Consultation Consent

I do hereby give my consent for my mentor to consult with other mentors, a Pastor, Medical Doctor, Psychiatrist, Social Worker, or other professional person, that my mentor may deem appropriate to consult with, in order to assist in the assessment of my mentoring concerns, for the purpose of providing the best possible help, in making recommendations, formulating treatment strategies, or in considering an appropriate referral.

### Prayer Ministry

- I do  I do not give my consent that my mentoring concerns be made a matter of prayer among other mentors, AELM professionals, HOJ staff, and pastors.  
 I would like for my concerns to be associated with my initials only.

By my signature, I affirm that I have read and do understand the above statements.

\_\_\_\_\_  
Person being Mentored (Please print)

\_\_\_\_\_  
Person being Mentored signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's name (Please print)

\_\_\_\_\_  
Parent or Guardian's signature

\_\_\_\_\_  
Date

**A Ministry of**



**Ministry Mission**

To live life to the fullest by understanding Christ is our life! (John 10:10)

**Philosophy**

Jesus said, "...you shall know the truth and the truth will set you free." (John 8:32) Life Mentors believe that the Bible is true and sufficient for addressing all of life's problems that are not organic in nature, and that reliance on the Holy Spirit for the healing process is essential. Therefore, Life Mentors use the Bible as their primary tool in bringing a person's concerns to resolution while relying on the Holy Spirit for the results.

**Training**

Life Ministries is a ministry of House of Joy Inc. Life Mentors have been Biblically trained by The Association for Exchanged Life Ministries (www.aelm.org). Please feel free to inquire about the training and background of your mentor. Life Ministries' Mentors are not psychologists, psychiatrists, or licensed therapists.

**Financial Policy**

Life Mentors depend on your donations to further the ministry they are committed to providing. Our suggested donation per 50 minutes is \$40.00. If a person receiving mentoring is unable to contribute \$40.00, then they should discuss applying for a whole or partial scholarship with their mentor depending on what they can contribute. It is noted that no one will be refused mentoring for financial reasons. We only ask that when God does bless you financially, you remember this ministry. Donations are tax deductible.

**Materials Policy**

Books, tapes, CDs, etc... will be recommended by the mentor to the person being mentored as deemed relevant. If the person is not able to purchase these materials recommended, then they may be able to borrow materials from the Life Lifters library. When borrowing materials the person being mentored agrees to return all items by the date given by the Life Mentor. By not returning the materials on the prescribed date, the person consents to purchase the loaned materials, and expects to be billed by Life Ministries for the materials.

**Appointments and Child Care**

If the person being mentored has to reschedule an appointment, they should do so at least 24 hours in advance so that the mentor may reschedule their time and give others an opportunity to fill the vacated time slot. Should no one be available to speak with you personally, please leave a message on your mentor's voice mail to reschedule your appointment. If the person being mentored does not give 24 hour notice three times or more, the mentor may choose to discontinue mentoring.

Child Care is the responsibility of the parent or guardian. Child Care is not provided by Life Ministries.

I have read and understand the above statements.

\_\_\_\_\_  
Person being Mentored signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's signature

\_\_\_\_\_  
Date

Information Sheet

Date\_\_\_\_\_

Name \_\_\_\_\_ Age\_\_\_\_\_ Date of Birth\_\_\_\_\_

Spouse's Name\_\_\_\_\_ Age\_\_\_\_\_ Date of Birth\_\_\_\_\_

Address \_\_\_\_\_ Zip\_\_\_\_\_

Telephone (home)\_\_\_\_\_ (work)\_\_\_\_\_ (cell)\_\_\_\_\_

Email \_\_\_\_\_ Texting: yes or no

I am most easily/readily contacted by email, phone, or texting (circle one).

Employer\_\_\_\_\_ Occupation\_\_\_\_\_

Education \_\_\_\_\_

Religious Background\_\_\_\_\_ Present Church\_\_\_\_\_

Marital Status  single  engaged (Wedding date \_\_\_\_\_)  married  
 divorced (date\_\_\_\_\_)  separated (how long \_\_\_\_\_)  widowed (date\_\_\_\_\_)

| Name of Child(ren) | Age   |
|--------------------|-------|
| _____              | _____ |
| _____              | _____ |
| _____              | _____ |
| _____              | _____ |
| _____              | _____ |
| _____              | _____ |

Father's Name\_\_\_\_\_ Age\_\_\_\_\_

Mother's Name\_\_\_\_\_ Age\_\_\_\_\_

| Names of Brothers and Sisters | Age   |
|-------------------------------|-------|
| _____                         | _____ |
| _____                         | _____ |
| _____                         | _____ |
| _____                         | _____ |
| _____                         | _____ |
| _____                         | _____ |

Information Sheet (Part 2)

Have you received counseling before? If so when and where? \_\_\_\_\_  
\_\_\_\_\_

Date of last medical exam \_\_\_\_\_ Rate your health: excellent good average poor

Are you presently taking medication? If so, what for and how long? \_\_\_\_\_  
\_\_\_\_\_

In case of an emergency, who should we notify? Name \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_ How related? \_\_\_\_\_

How did you hear about LIFE Ministries? \_\_\_\_\_

What is the specific problem or concern that has caused you to come for mentoring?  
\_\_\_\_\_  
\_\_\_\_\_

What has been done about the situation up to this point?  
\_\_\_\_\_  
\_\_\_\_\_

What specifically do you expect your mentor to do to help you with this concern?  
\_\_\_\_\_  
\_\_\_\_\_

What other information should we know in order to help you with your situation?  
\_\_\_\_\_  
\_\_\_\_\_

Please complete the following:

Today, I am \_\_\_\_\_

If only \_\_\_\_\_

I get upset when \_\_\_\_\_

Jesus Christ is \_\_\_\_\_

What really hurts me is \_\_\_\_\_

My father \_\_\_\_\_

In order to understand me \_\_\_\_\_

What I wish I could change is \_\_\_\_\_

I sometimes wonder, what if \_\_\_\_\_

Ideally, I picture myself as \_\_\_\_\_

My childhood \_\_\_\_\_

I feel uncertain about \_\_\_\_\_

My mother \_\_\_\_\_

Have you reached a point in your life where you know you are a Christ follower and that you would spend eternity in heaven? Explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_