



The Application Packet should have the following documents attached/included:

- A signed *Lifeline to Hope Prerequisites Form*
- A completed *Lifeline to Hope Lay Helper Application*
- A signed *Lifeline to Hope Attestation Form*
- Three *Lifeline to Hope Reference Forms* (original copies in separate sealed envelopes and signed across the back flap by the person providing the reference)

Please make a photocopy of all completed forms and keep for your personal records.

Until March 27th, 2025, Lay Helper Applications, References and other supportive documentation may be submitted to the Gerholz Center for Christian Counseling or mailed to:

Gerholz Center for Christian Counseling
Attn. Amanda Carlson
746 South Saginaw Street.
Flint, MI 48502



Lay Helper Prerequisites

All *Lifeline to Hope* Lay Helpers will be required to commit to the following:

- Be in agreement with and follow the First Presbyterian Church of Flint Statement of Faith (see attached).
- Be committed to the Vision and Mission Statements of the Gerholz Center for Christian Counseling.
- Be an active part of the First Presbyterian Church of Flint and Gerholz Center for Christian Counseling family through your attendance, participation and/or service.
- Consent to a pre-training face-to-face interview with *Gerholz* leaders prior to actual attendance and participation in the training course.
- Provide three confidential personal references.
- Agree to all appropriate/required background checks.
- Attend and complete the Lay Helper 21-week Training Course.
- Consent to a post-training face-to-face interview with *Lifeline to Hope* leaders prior to actual Lay Helper responsibilities and assignments with care receivers.
- Upon completion of the Core Course, attend and complete the required number of Continuing Education classes when they are scheduled as part of ongoing training.
- Be able to support at least one care receiver on a regular basis until such time the individual/couple has sufficient support and/or resources available in order to continue the helping process.
- If there is a history of addiction, the *Lifeline to Hope* lay helpers must be able to demonstrate a minimum of one year of sobriety/recovery.
- If there is a history of significant personal trauma or crisis, the *Lifeline to Hope* lay helper must be able to demonstrate a minimum of one year of post-event recovery.

Please Print Your Name Clearly Here

Signature of Applicant

Date



Thank you for your interest in pursuing training and volunteer ministry with *Lifeline to Hope* at the Gerholz Center for Christian Counseling. Please complete all requested information below. Mark N/A, if *not applicable*. PRINT legibly.

I. Demographic Information

A. _____
Last Name First Name MI

B. Current Home Address: _____

_____ City State Zip

_____ Please provide previous address, if at current address less than one year.

Phone: () _____ (Home) () _____ (Cell) () _____ (Work)

Email: _____

C. Current Status

Single Married Divorced Widowed Separated Engaged

D. Occupation: _____

_____ Present Employer Position/Title

Full Time Part Time How long at current job: Years _____ Months _____

May we contact your current employer for a reference? Yes No

If No, please explain:

II. Involvement at First Presbyterian Church of Flint

A. Do you attend?

Sunday services: Yes No frequency: _____

Other services: Yes No frequency: _____

B. How are you connected at First Presbyterian Church of Flint, serving and/or participating?

III. Background Information

A. Do you speak any language(s) other than English (including sign language)?

Yes No If Yes, please list: _____

B. Have you ever provided counseling/caregiving on a professional or ministry basis?

Yes No If Yes, where? _____

How long? _____ In what capacity? _____

C. **Populations Served** (please check all that apply)

Children Adolescents College Age Adults Elderly Couples Families

D. **Formal and Informal Education and Training**

List the most recent academic/ministry training programs first (attach additional pages if necessary).

Institution	Degree Certification	Area of Study	Year Completed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

E. Areas of Counseling/Ministry Expertise

Based on education, training, supervision, ministry and/or professional experience.

Please check all that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Addictions | <input type="checkbox"/> Adoption Issues |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Anger Management |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Career Counseling | <input type="checkbox"/> Child Abuse |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Life Coaching | <input type="checkbox"/> Codependency |
| <input type="checkbox"/> Compassion Fatigue | <input type="checkbox"/> Conflict Resolution | <input type="checkbox"/> Crisis Intervention |
| <input type="checkbox"/> Cutting/Self-injury | <input type="checkbox"/> Dementia/Alzheimer's | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Developmental Disorders | <input type="checkbox"/> Dissociation | <input type="checkbox"/> Divorce Recovery |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Financial Issues |
| <input type="checkbox"/> Gender Identity Issues | <input type="checkbox"/> Grief and Loss | <input type="checkbox"/> Infidelity/Adultery |
| <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Marital Conflict | <input type="checkbox"/> Mediation |
| <input type="checkbox"/> Men's Issues | <input type="checkbox"/> Missionary Issues | <input type="checkbox"/> Obsessive/Compulsives |
| <input type="checkbox"/> Occult/Cults | <input type="checkbox"/> Parenting Issues | <input type="checkbox"/> Pastors/Ministers |
| <input type="checkbox"/> Personality Disorders | <input type="checkbox"/> Phobias | <input type="checkbox"/> Physical Disabilities |
| <input type="checkbox"/> Post Abortion Syndrome | <input type="checkbox"/> Post-Traumatic Stress | <input type="checkbox"/> Pregnancy Issues |
| <input type="checkbox"/> Premarital | <input type="checkbox"/> Psychological Assessment | <input type="checkbox"/> Rape Recovery |
| <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Sexual Addiction | <input type="checkbox"/> Sexual Dysfunction |
| <input type="checkbox"/> Singles | <input type="checkbox"/> Spiritual Warfare | <input type="checkbox"/> Stress and Burnout |
| <input type="checkbox"/> Suicide | <input type="checkbox"/> Women's Issues | <input type="checkbox"/> Other (please specify) |

F. Availability

- Daytime Evenings Weekends

Are you available a minimum of 1–4 hours per week for *Lifeline to Hope* related ministry?

- Yes No

IV. Spiritual Orientation and Practice

Whether we are devoted Christians or still seeking to understand God, we all have a spiritual story. Please take a few moments to briefly describe your spiritual beliefs and feelings on the following questions. Attach more pages if necessary. Please note that during the interview process, there will be additional opportunity to discuss your spiritual journey and relationship with God.

A. Who is Jesus Christ? _____

B. How does a person become a Christian? _____

C. Describe your beliefs about the Bible. _____

D. Describe your beliefs about the Holy Spirit. _____

E. How would you incorporate: God’s Word, spiritual practices and disciplines in your caregiving activities (e.g., prayer, Scripture reading, fasting, meditation, worship, solitude)?

V. Personal References

Please use the attached reference forms to provide three (3) personal references. Completed forms should be placed in an envelope, sealed and signed on the back flap by the person giving the reference. Attach the three envelopes to this Application Form. A minimum of two (2) references should be a regular attender at (name of church here) and all should meet the following criteria:

- Be a Christ follower
- Be at least 21 years of age
- Has preferably known you for at least one (1) year
- Is not directly related to you
- Has a definite knowledge of your character



The following statements require your attestation (affirming each one to be true to the best of your knowledge). Please be sure to respond to each section that directly pertains to you. A *yes* or *no* will not necessarily disqualify you from the training or ministry opportunities with *Lifeline to Hope*.

Christian Personal Testimony

The foundation to all work and identity as a volunteer Christian lay helper is a living, vibrant and personal relationship with Jesus Christ. Please respond to the following items by checking the appropriate box:

1. I have read the First Presbyterian Church of Flint’s **Statement of Faith** and Gerholz Center for Christian Counseling’s **Vision/Mission Statements** and hereby attest that I am in full agreement with their tenets. See attached.

Yes No Unsure (please explain)

2. I attest that I am a true believer in Jesus Christ; I have accepted His atoning work of salvation on the cross for the forgiveness of my sins; I have personally accepted Him as my Savior and Lord; and that as a result of my confession, I have been born again by His Holy Spirit to a new life in Christ.

Yes No Unsure (please explain)

3. Have you ever been charged with or convicted of any misdemeanor or felony other than minor moving violations in a vehicle?

Yes No If Yes, please explain briefly here and then **attach a separate page** (no more than two pages) to describe in detail the case and its disposition.

1. I hereby give permission to have any required or requested local, state or federal background checks completed on me.

Yes No

2. I affirm and attest by my signature below that I have answered all the questions in the *Lifeline to Hope* Application truthfully and with full disclosure and have attached all requested supporting documentation.

Please Print Your Name Clearly Here

Signature of Applicant

Date

THE APOSTLES' CREED

- 2.1** I BELIEVE in God the Father Almighty, Maker of heaven and earth,
- 2.2** And in Jesus Christ his only Son our Lord; who was conceived by the Holy Ghost, born of the Virgin Mary, suffered under Pontius Pilate, was crucified, dead, and buried; he descended into hell; the third day he rose again from the dead; he ascended into heaven, and sitteth on the right hand of God the Father Almighty; from thence he shall come to judge the quick and the dead.
- 2.3** I believe in the Holy Ghost; the holy catholic Church; the communion of saints; the forgiveness of sins; the resurrection of the body; and the life everlasting. Amen.

The vision of *Lifeline to Hope* Lay Helping at Gerholz Center for Christian Counseling is two-fold. First and foremost, as a sacred trust, it is to be the hands and feet of Jesus to the people He brings our way. As a caregiving ministry, we are committed to meeting people wherever they are in life and to allow the Holy Spirit to bring healing, restoration and order to their lives. We must also be committed to care for, love and encourage one another. In a ministry such as this, our unity is essential. Therefore, it is vital that we clearly define these commitments as a covenant with one another.

Time

As a commitment, it is required that you be available to meet at least one care receiver at any given time. It is also required that lay helpers attend training and ministry-related events. The training time together may include topical continuing education training or meetings organized by your team leader(s) for the purpose of staying connected and for mutual support. While there may be a time period when a lay helper is not engaged in active caregiving, the commitment to consistent involvement remains. In the event of a scheduling conflict and you are unable to attend a scheduled meeting, you are asked to notify the appropriate ministry leader(s) by phone and/or email.

Forms and Processes

Due to the sensitive nature of record-keeping in any caregiving ministry, we must maintain up-to-date and accurate records of all lay helping. Therefore, as a lay helper, you are required to complete a *Lifeline to Hope* Session Notes Form for each meeting with your care receiver, which will then be added to his/her case file. Upon your first meeting with a care receiver, the signed Consent Form should be submitted before ending the session. Subsequent Session Notes Forms should also be completed and submitted for each meeting.

Communication

Since *Lifeline to Hope* is a time-sensitive and potentially crisis-oriented ministry, timely communication is crucial. It is therefore required that lay helpers respond to both *Lifeline to Hope* coordinators and team leaders within 24 hours of initial notification and assignment of a care receiver. In the event of a lay helper's planned unavailability, it is required to notify *Lifeline to Hope* coordinators by phone and/or email.

In a time of stress or crisis, care receivers sometimes change their minds or have second thoughts about seeking help. However, we do not want someone to inadvertently slip through the cracks. Therefore, it is important that lay helpers make at least three (3) attempts to connect with a care receiver. After at least three failed attempts, you must inform *Lifeline to Hope* leadership before discontinuing further efforts.

Lifeline to Hope Lay Helper

Date



Name of Applicant (please print clearly): _____

The above named Applicant is applying for volunteer ministry with *Lifeline to Hope* at the Gerholz Center for Christian Counseling. Lifeline to Hope is a network of lay Christian helpers who are capable and trained, and who have a strong and authentic biblical foundation to their ministry service. The purpose of *Lifeline to Hope* is to identify and assist the hurting and broken, those in need, and to do so through Christ followers who can offer quality care to those they serve. As a **reference**, we are asking you to provide us your assessment of this Applicant's qualifications.

Name of Reference: _____ Title: _____

Organization/Church (if applicable): _____

Address: _____
(Street) (City) (State) (Zip)

Phone: () _____ () _____ () _____
(Home) (Cell) (Work)

Email: _____

How long and in what capacity have you known the Applicant? Years _____ Months _____

Please rate the Applicant on the following characteristics using the descriptions provided below. Please check only one box for each characteristic.

	Exceptional	Above Average	Average	Below Average	Unsure
1. Demonstrates a positive and authentic relationship with Jesus Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Reflects a commitment to ongoing growth in his/her personal and spiritual life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Demonstrates kindness, compassion and takes initiative in showing care to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has a willingness to address his/her own mistakes and accepts accountability to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has a reputation for being a person of ethical integrity, moral character and spiritual maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrates the ability to effectively guide and direct others when in a position of leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has effective relational/"people" skills and is able to set appropriate boundaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I recommend for *Lifeline to Hope* (check one): Highly Moderately With Reservation

Signature: _____ Date: _____

If you would like to add any additional comments, feel free to write on the back of this page or attach a separate letter. Please put the completed reference form (and other comments) in a **sealed envelope** with your **signature across the back flap** and return to the Applicant. Thank you for your participation.



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