



Journey
USA

2022-2023

JOURNEY NEW HAMPSHIRE DISCIPLESHIP COURSE APPLICATION

PLEASE NOTE: COMPLETE THIS APPLICATION IN AS MUCH DETAIL AS POSSIBLE

PROGRAM HOSTING CHURCH: Crossing Life Church PROGRAM START DATE: 11/6/2022

Name: _____ Age: _____ Gender: _____

Street Address: _____

Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone _____

Email: _____ **Marital Status** ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Emergency Contact Name _____ Relationship _____

Cell Phone Number _____

How did you hear about this Journey Course? _____

Program Cost: \$275 if Registration is received on or before October 9, 2022

\$325 if Registration is received after October 9, 2022

Payment plans can be arranged. Please contact Dave or Brenda Matte

First Payment \$135 due with Application

Final Payment is due by October, 2022

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1. Please write out your testimony of at least one page but not more than two and attach to this application. Include the following:
 - Your family life growing up and your introduction to a spiritual journey
 - The current issues/problems (and how they are expressed) that lead you to seek out participation in this Journey Discipleship Course
 - Any steps you have already taken to address the issues/problems (i.e. participation in support groups, seminars, other ministries, professional counseling, coaching, etc.) and the benefits you have received in taking those steps

2. What is your current church affiliation (name, location and denomination) and how long you have been attending:

3. Describe the people in your life who know about the issues/problems you currently face that lead you to seek out participation in this Journey Discipleship Course and whether they are supportive in your journey.

4. Are you currently in a relationship outside of marriage that involves ongoing sexual contact that is not identified in your testimony: NO ____ YES ____ If so, please describe this relationship:

5. What are your expectations in coming to Journey?

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Have you or any person in your family been involved in the following:

☐ Hinduism ☐ Islam ☐ Bha'i faith ☐ Mormonism ☐ Buddhism ☐ Krishna ☐ Christian Science

Have you or any person in your family been involved in any of the following:

☐ Cults of any type ☐ Calling on the dead/spirits ☐ Horoscopes ☐ Palm Reading ☐ Ouija Boards

☐ Dungeons and Dragons ☐ Martial Arts ☐ Out of Body Experiences ☐ Psychics ☐ Yoga

☐ New Age ☐ Fascination with occult movies or books ☐ Use of witchcraft/sorcery incl white magic

☐ Fortune telling ☐ Magicians ☐ Superstitions ☐ Secret Order Groups such as Masons

☐ Predicting the future ☐ Transcendental Meditation

Have any tragedies been repetitive in your family?

☐ Fire ☐ Poverty ☐ Physical Abuse ☐ Sexual Abuse ☐ Murder ☐ Suicide ☐ Incest ☐ Rape

☐ Financial Ruin ☐ Untimely Death ☐ Other

Are you aware of the existence of any ancestral sins such as:

☐ Violence ☐ Alcohol Abuse ☐ Sexual Immorality ☐ Drug Abuse ☐ Adultery ☐ Other

Were there sins committed against you in your childhood by a family member or other person?

☐ Sexual Abuse ☐ Verbal Abuse ☐ Abandonment ☐ Physical Abuse ☐ Rejection ☐ Other

Do you struggle in any of these areas of obedience to the Word of God?

☐ Prayer ☐ Meditation ☐ Self Control ☐ Fellowshiping with Believers ☐ Fasting ☐ Tithing ☐ Faith

☐ Supernatural work of the Holy Spirit ☐ Growing in likeness to Christ

Have you had problems submitting to those in authority to you?

☐ Parents ☐ Pastors ☐ Teachers ☐ Employer ☐ Government/Law

Have you ever participated in any of the following?

☐ Adultery ☐ Homosexuality ☐ Sexual Fantasy ☐ Pornography ☐ Sexual Promiscuity

Do you experience any of the following?

☐ Nightmares ☐ Premonitions ☐ Demonic thoughts ☐ Demonic visitations ☐ Deja vu experiences

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Are you currently or have you ever been seen by a licensed therapist or counselor? YES ___ NO___

Are you currently on any prescribed mental health medications? YES___ NO___

Please include with your completed application a **LETTER OF RECOMMENDATION** from a pastor, mentor or counselor that indicates their endorsement of your readiness in participating in a Journey Discipleship Course. Have them include their contact information including their name, title, address, phone number and email address.

After you have submitted your application along with your application fee, someone from the Journey Team will contact you to set up an interview either telephonically or in person that will take approximately half an hour. This will give you the opportunity to hear more about Journey, ask any questions you may have, and assess whether the program is appropriate for you at this time. **Once accepted into the program, your application fee is non-refundable.** After the interview, should you or the interviewer decide this program is not right for you at this time, your application fee check will be returned to you in person or by mail.

PRIVACY POLICY

Journey respects your privacy. We protect your personal information (name, address, phone number and email address) and adhere to all required legislative requirements with respect to protecting your privacy. We do not rent, sell, trade or distribute our mailing list to anyone.

The information you provide in this application is kept strictly confidential and all such documents are securely stored. Only those who oversee the program for which you have voluntarily applied to and those who are designated as your small group leaders for this same program will read your application and other related forms. If applicable, the confidential intake form you complete will be returned to you after you have finished the program for which you have enrolled.

Once you have completed your participation in the program for which you have enrolled, your contact information will be added to the Journey USA database so that, from time to time, you can receive updates on programs, services, events, conferences, funding needs and opportunities. Should you wish to be removed from this National database, please contact the office at 360-610-7105 or email info@journeyusa.org. We will promptly accommodate your request.

Signature

Date