



## *Pastoral Ministries Referral*

# APPLICATION / INFORMATION

## FOR REFLECTION AND RELAXATION PROVIDERS

I have modest accommodations that I make available to pastoral couples or families for *unstructured personal reflection and renewal with no counseling*. If my humble ministry meets the criteria established by Focus on the Family, I am interested in having information about it included in the ... [check all that apply]

- Online Pastoral Care Directory* (web site referral list on [www.parsonage.org](http://www.parsonage.org))
- Pastoral Care Line list of referrals (toll-free phone line referrals for ministry families)

---

### SECTION 1: Contact Information

Ministry Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Web Site Address \_\_\_\_\_

Director Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Please give a one-sentence non-marketing description of your specific ministry to pastoral families (versus any ministry you may also provide to the general public).

“*This ministry ...*” or “*This ministry is ...*” \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 2: Ministry Philosophy and History**

1) What is the mission statement or purpose of your ministry?

---

---

---

---

---

---

---

2) Briefly summarize your ministry's statement of faith.

---

---

---

---

---

---

---

3) How many years has your ministry been in operation?

Part time: \_\_\_\_\_ Full time: \_\_\_\_\_ Founded in \_\_\_\_\_

4) Please give a brief history of your ministry, from its foundation to the present.

---

---

---

---

---

---

---

5) To approximately how many pastors/pastoral families have you ministered within the past 12 months? \_\_\_\_\_

6) What church do you attend? \_\_\_\_\_

What is your pastor's name? \_\_\_\_\_

### **SECTION 3: Ministry Facilities and Area**

- 1) Describe the physical area in which your ministry/accommodations are located (e.g., city or rural, mountain or meadow, section of the state, nearest large city, etc.).

---

---

---

---

---

- 2) Which major airport is nearest to your ministry/accommodations? How far away is it (in miles & time)?

---

- 3) Describe your ministry's facilities/accommodations (including the number of guests you can accommodate, maximum length of stay, whether a private bathroom is included, children or pets are allowed, food is provided, etc.)

---

---

---

---

---

---

---

---

---

---

- 4) What recreational options does your ministry offer its clients?

---

---

---

What additional recreational activities does the community offer?

---

---

---

**SECTION 4: Ministry Fees and Published Resources**

1) Describe your ministry's schedule of fees (if any).

---

---

---

2) What financial assistance or scholarships do you offer? Do you accept insurance?

---

---

---

---

3) Does your ministry offer any resources or publications? If so, please list them below (with costs).

---

---

---

---

---

## SECTION 5: Familiarity with Focus on the Family

With which of the following Focus on the Family ministries are you familiar?

- |   |   |
|---|---|
| <input type="checkbox"/> Pastoral Care Line                           | <input type="checkbox"/> <i>FocusOnTheFamily.com</i> web site           |
| <input type="checkbox"/> <i>Pastor to Pastor</i> audio series         | <input type="checkbox"/> FOF radio broadcasts                           |
| <input type="checkbox"/> <i>Pastor's Weekly Briefing</i> e-newsletter | <input type="checkbox"/> FOF magazines                                  |
| <input type="checkbox"/> <i>Pastoral Care Directory</i> resource list | <input type="checkbox"/> FOF films, videos and audio resources          |
| <input type="checkbox"/> <i>The Pastor's Advocate Series</i> booklets | <input type="checkbox"/> <i>Adventures in Odyssey</i> broadcasts/resrcs |
| <input type="checkbox"/> <i>Shepherd's Covenant Encourager</i>        | <input type="checkbox"/> Pregnancy resource centers ministry            |
| <input type="checkbox"/> <i>Parsonage.org</i> web site                | <input type="checkbox"/> Community impact outreach                      |
| <input type="checkbox"/> Clergy Appreciation Month promotion          | <input type="checkbox"/> Public policy / <i>CitizenLink</i>             |
| <input type="checkbox"/> Pastors gatherings and conferences           | <input type="checkbox"/> Constituent correspondence ministry            |
| <input type="checkbox"/> African-American pastoral outreach           | <input type="checkbox"/> Counseling services/referrals                  |
| <input type="checkbox"/> Military chaplains outreach                  | <input type="checkbox"/> International ministries                       |
| <input type="checkbox"/> Books by Dr. Dobson                          | <input type="checkbox"/> Other: _____                                   |
| <input type="checkbox"/> TV commentaries by Dr. Dobson                | <input type="checkbox"/> Other: _____                                   |

## SECTION 6: Ministry References and Attachments

- 1) Please attach the names, addresses and relationships of at least five references, including professional colleagues and former clients where applicable.
  - 2) Please send any photos or brochures that will help us to better understand and appreciate your ministry.
-

## SECTION 7: Authorization and Restrictions

I understand that Focus on the Family occasionally provides pastoral families with the names and addresses of other caregiving ministries in an attempt to encourage them and guide them in the relief and resolution of their problems and concerns.

Accordingly, I hereby authorize Focus on the Family to include the contact information about my ministry (from Section 1 above) in those FOF resources I have indicated at the top of this form.

I also understand that the inclusion of this contact information in these resources does not constitute or imply an endorsement of my ministry by Focus on the Family or Dr. James C. Dobson, and does not authorize my ministry or any individual associated with it to use Focus on the Family's name or logo, Dr. Dobson's name or any Focus on the Family employee's name in any oral or written promotional capacity.

---

Printed name and title of applicant

---

Signature of applicant

Date



*Please mail this completed document to the address below. Also, please keep a copy for your files.  
Whenever any of this information changes, please send a revised form to the address below.  
Focus on the Family will not sell or rent any information about your ministry,  
but cannot prevent others from extracting it from our published directories.*

***Pastoral Ministries, Focus on the Family, Colorado Springs, CO 80995-7001***