



## *Pastoral Ministries Referral*

# APPLICATION / INFORMATION

If my 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)

In appreciation, I will promote the various resources, services and web site for pastors and their families provided by Focus on the Family's Pastoral Ministries department on my own ministry's web site and in our printed materials whenever appropriate.

---

### **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: Type of Ministry

Which one of the following categories best fits your ministry? *Please check only one.*

- Reflection and relaxation provider  
*(Locations for unstructured personal reflection and renewal with no counseling)*
- Rest or renewal retreat center  
*(Retreat facilities for personal rejuvenation and rest with optional light counseling)*
- Restoration or counseling retreat center  
*(Retreat facilities for restoration through intensive counseling)*
- Psychologist, psychiatrist or counseling office  
*(Intensive counseling services in an office setting)*
- Treatment center, clinic or hospital  
*(A clinical environment for intensive counseling and recovery)*
- Church leadership or conflict resolution consultant  
*(Programs and training in leadership development and conflict resolution)*
- Financial or legal issues consultant  
*(Advice on financial and legal issues)*
- Web site ministry  
*(A ministry primarily or exclusively implemented through a Web site)*
- International ministry  
*(A ministry located outside the United States)*
- Other: \_\_\_\_\_

*(Note: Our guidelines for approval vary based on the complexity and nature of ministry you provide.)*

**SECTION 3: 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 4: Ministry Facilities and Area

- 1) Describe the physical area in which your ministry is 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? How far away is it (in miles & time)?

---

- 3) Describe your ministry's facilities or campus (including the number of guests you can accommodate, maximum length of stay, whether 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 5: Ministry Fees and Published Resources**

1) Describe your ministry's schedule of fees.

---

---

---

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 6: Ministry Structure and Affiliations

*(Note: If you are applying for approval as a Reflection and Relaxation Provider, you may skip to section 9 since these questions may not be relevant or significant for your ministry.)*

- 1) Does your ministry have a board of directors? Yes \_\_\_\_\_ No \_\_\_\_\_

How many members are on it? \_\_\_\_\_

How is your board involved in the operation of the ministry?

---

---

---

- 2) Please list any professional associations with which your ministry is affiliated (e.g., psychological associations, denominational affiliations, pastoral caregiving groups).

---

---

---

- 3) Please list any financial oversight and accountability organizations with which your ministry is affiliated (e.g., ECFA, IFMA, EFMA, denominational).

---

---

---

Does your ministry undergo a regular annual audit? Yes \_\_\_\_\_ No \_\_\_\_\_

- 4) Does your ministry carry malpractice insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, why?

---

---

Have you ever had a malpractice claim/suit filed against you? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain briefly.

---

---







4) In which of the following areas is your organization especially qualified to minister?

- |   |  |
|---|--|
| <input type="checkbox"/> Attention deficit disorder | <input type="checkbox"/> Missionary re-entry           |
| <input type="checkbox"/> Adoption                   | <input type="checkbox"/> Multiple personality disorder |
| <input type="checkbox"/> Alcoholism                 | <input type="checkbox"/> Obsessive/compulsive disorder |
| <input type="checkbox"/> Anxiety                    | <input type="checkbox"/> Parenting issues              |
| <input type="checkbox"/> Anger management           | <input type="checkbox"/> Pastoral families             |
| <input type="checkbox"/> Career issues              | <input type="checkbox"/> Personality disorders         |
| <input type="checkbox"/> Children                   | <input type="checkbox"/> Phobias                       |
| <input type="checkbox"/> Child abuse                | <input type="checkbox"/> Physical abuse                |
| <input type="checkbox"/> Co-dependency              | <input type="checkbox"/> Post-abortion                 |
| <input type="checkbox"/> Communication/conflict     | <input type="checkbox"/> Post-traumatic stress         |
| <input type="checkbox"/> Depression                 | <input type="checkbox"/> Pregnancy                     |
| <input type="checkbox"/> Disabilities               | <input type="checkbox"/> Pre-marital                   |
| <input type="checkbox"/> Divorce recovery           | <input type="checkbox"/> Psychotic issues              |
| <input type="checkbox"/> Drug abuse                 | <input type="checkbox"/> Rape recovery                 |
| <input type="checkbox"/> Eating disorders           | <input type="checkbox"/> Ritual abuse                  |
| <input type="checkbox"/> Family issues              | <input type="checkbox"/> Sexual abuse                  |
| <input type="checkbox"/> Finances                   | <input type="checkbox"/> Sexual addiction              |
| <input type="checkbox"/> Gender identity            | <input type="checkbox"/> Sexual problems               |
| <input type="checkbox"/> Grief                      | <input type="checkbox"/> Singleness                    |
| <input type="checkbox"/> HIV/AIDS                   | <input type="checkbox"/> Spanish speaking              |
| <input type="checkbox"/> Homosexual issues          | <input type="checkbox"/> Spiritual issues              |
| <input type="checkbox"/> Hyperactivity              | <input type="checkbox"/> Suicide                       |
| <input type="checkbox"/> Learning disabilities      | <input type="checkbox"/> Teenagers                     |
| <input type="checkbox"/> Marriage issues            | <input type="checkbox"/> Other: _____                  |
| <input type="checkbox"/> Mid-life crisis            | <input type="checkbox"/> Other: _____                  |

5) What issues does your ministry prefer not to treat?

---

---

---

## SECTION 8: Ministry Beliefs and Convictions

*(Note: If you are applying for approval as a Reflection and Relaxation Provider, you may skip this section since you would not be counseling with guests.)*

- 1) Briefly explain your ministry's beliefs and convictions on the following issues. Please include Scripture references where appropriate. *Attach separate pages, if needed.*

(a) Theoretical basis for counseling (including the use of psychological and theological methodologies, prayer and Scripture, role of the church, divine healing)

---

---

---

---

---

(b) Premarital and extramarital sexual activity

---

---

---

---

(c) Marriage (including the roles of husbands and wives)

---

---

---

---

(d) Divorce and remarriage

---

---

---

---

(e) Moral failure and continued ministry

---

---

---

---

(f) Abortion

---

---

---

---

(g) Euthanasia

---

---

---

---

(h) Homosexuality

---

---

---

---

## SECTION 9: 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 10: 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 11: 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***