

1301 Alamance Church Rd. Greensboro, NC 27406 (336) 273-7930 Fax (336) 373-4224

REQUEST FOR COUNSELING				
Date of Request:				
Type of Counseling Requested:				
□ Family (specify)	□ Individual	□ Othe	er	
Name:				
Last	First	Mi	ddle	
Present Address:				
City	State	Zip	Zip Code	
Home Phone:	Work P	hone:		
Marital Status (please circle): single	married se	parated div	orced	
Children	Age	e		
	Age	e		
		e		
Are you under Doctor's care? ☐ Yes	□ No			
If yes, for what reason?				
What medications are you currently to	aking?			
Member of Mount Zion: ☐ Yes	□ No			
If no, where are you a member?		·····	·	
Are you saved? ☐ Yes ☐ No				
Have you received counseling from a	nyone at Mou	ınt Zion befor	e? □ Yes	□ No
If yes, by whom?	-			

## MOUNT ZION BAPTIST CHURCH OF GREENSBORO, INC. BIBLICAL COUNSELING AGREEMENT

Thank you for selecting Mount Zion Baptist Church of Greensboro, Inc. for Biblical counseling. Mount Zion offers Biblical counseling at no cost and provides counseling without regard to race, creed, color, or religion. All counseling is confidential, based on the scriptures of the Holy Bible and not according to the individual feelings of any particular counselor.

Should Mount Zion not be able to address your particular counseling needs, you will be given a referral as to where you can seek counseling. Mount Zion will not be liable for any communications, actions, bodily injury to self or others, or death of any person and damage to, or destruction of any property caused by the reckless or intentional conduct of counselee, which may be alleged to be related, directly or indirectly to Biblical counseling received at Mount Zion.

Your signature below indicates that you agree to reimburse, indemnify, defend and hold harmless Mount Zion Baptist Church of Greensboro, Inc., its directors, officers, employees, agents, and members from and against any liabilities, claims, demands, suits, losses, damages, expenses or penalties, or any action thereof, in connection with the Biblical counseling received by you. Furthermore, by your signature below, you represent that you understand and fully agree to each and every provision hereof.

This day of	· · · · · · · · · · · · · · · · · · ·
Counselee:	Witnessed By:
Signature	Signature
Printed Name	Printed Name
Signature of Parent/Legal Guardian if counselee is a minor	Witnessed By:
Signature	Signature
Printed Name	Printed Name