

**Deer Pointe**  
Whitleyville, TN 38588  
931-268-5251

**APPLICATION FORM - INDIVIDUAL**

Please fill out and return to our office either by mail or scanning (a photo also works) and emailing to dawn@deerpointeministries.com

**General Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_ Fax \_\_\_\_\_

Sex: \_\_\_ Male \_\_\_ Female Email: \_\_\_\_\_

Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed

If married, how long? \_\_\_\_\_ years. If divorced, how long? \_\_\_\_\_ years.

Have you received any type of counsel? \_\_\_ No \_\_\_ Yes If yes, when? \_\_\_\_\_

Are you now in counseling? \_\_\_ No \_\_\_ Yes If yes, how long? \_\_\_\_\_

With whom are you counseling? \_\_\_\_\_

Who referred you to our ministry? \_\_\_\_\_

**Information about your church:**

Name of church you attend: \_\_\_\_\_

Senior Pastor's name: \_\_\_\_\_

Church phone #: \_\_\_\_\_

How long have you attended? \_\_\_\_\_

**Please describe your salvation experience:**

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**Please describe your church background:**

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**Please describe your current relationship with God:**

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**Briefly describe what you would like to accomplish during our time together:**

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**Do you regularly use legal or illegal medication? Alcohol?**

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please describe:

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*By my signature below, I agree that I am committed to coming and working on my individual and marital issues. Also, I understand that it is required that I not bring family members, other than a spouse, with me to this appointment. (If your spouse is interested in attending, please fill out couple form instead of this one.)*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_