



# Abuse Recovery Ministry & Services Leadership Application

Name: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_  Home  Work  Cell

Birthdate: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_  
City State Zip

I am training/would like to train for:  Her Journey  ManKind  Virtue

## Church History

1. Church attending: \_\_\_\_\_ For how long? \_\_\_\_\_

2. Denomination affiliation: \_\_\_\_\_ Are you a member? \_\_\_\_\_

3. Pastor's name: \_\_\_\_\_ Church phone number: \_\_\_\_\_

4. Have you accepted Jesus as your Savior? \_\_\_\_\_ When? \_\_\_\_\_ Briefly describe your conversion experience: \_\_\_\_\_

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**(Use extra paper if needed)**

5. Briefly describe your relationship with Christ over the last year. (Devotions, victories, struggles)

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**(Use extra paper if needed.)**

## Personal History

6. Marital Status:  Married  Divorced If yes, how long? \_\_\_\_\_  Separated  Single

7. Do you have any children?  Yes  No Ages, if yes: \_\_\_\_\_

8. Occupation: \_\_\_\_\_ For how long? \_\_\_\_\_

9. Did you experience childhood abuse? \_\_\_\_\_ Briefly describe what childhood was like for you: \_\_\_\_\_

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(Use extra paper if needed)

10. Have you experienced domestic abuse as an adult?  Yes  No If yes, please describe what you have gone through: \_\_\_\_\_

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(Use extra paper if needed)

11. If you were in a domestic abusive relationship, how long have you been out of it? \_\_\_\_\_

12. Are you in counseling for domestic abuse issues?  Yes  No How long? \_\_\_\_\_

13. Have you ever received counseling for abuse issues?  Yes  No For how long? \_\_\_\_\_

14. If you have been in a domestic abuse relationship, do you feel like you have healed from the abuse you have suffered?  Yes  No  Still working on it

15. Have you taken the 15 Her Journey classes?  Yes  No  Currently Taking

16. If yes, and you have been in domestic abuse, have the classes helped you? \_\_\_\_\_ How?

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17. If you took Her Journey or are taking it currently, who is/was the leader? \_\_\_\_\_

18. Have you been charged with any crime related to domestic violence or assault?  Yes  No

Explain, if yes: \_\_\_\_\_

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### Leadership

19. Why do you feel led to teach these classes? \_\_\_\_\_

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(Use extra paper if needed.)

20. If accepted and training is completed and I plan to lead a group, I would do so at:

\_\_\_\_\_ An organized ministry center, such as a shelter, pregnancy center or other nonprofit

\_\_\_\_\_ A group at my church, another church or in a community location

\_\_\_\_ One-on-ones (for counselors and social workers only)

\_\_\_\_ Online

\_\_\_\_ Other (Explain: \_\_\_\_\_)

21. Area or specific location you wish to lead in? \_\_\_\_\_

22. Would you be open to leading in another area near you if needed?  Yes  No

23. How do you feel about following ARMS procedures, guidelines and expectations? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

24. Do you have any previous experience in working with domestic abuse?  Yes  No If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

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

Thank you for your application!

Questions? Call us at 503-846-9284, 866-262-9284 or email [info@abuserrecovery.org](mailto:info@abuserrecovery.org)

[www.abuserrecovery.org](http://www.abuserrecovery.org)