

# ALONGSIDE, Inc.

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## Renewal and Growth Intensive Counseling Retreat Application Form

Name(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_

By what name do you prefer to be called? (Robert, Bob, Robby, Junior, etc.) \_\_\_\_\_

Are you married? \_\_\_ yes \_\_\_ no If so, does your spouse plan to come? \_\_\_ yes \_\_\_ no

Spouse's name \_\_\_\_\_ Preferred name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell (optional) \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Sending Organization or Church \_\_\_\_\_

Denomination (if applicable) \_\_\_\_\_

Dates of the program for which you are applying: \_\_\_\_\_

Names, Ages, and Gender of children *who will come with you*: \_\_\_\_\_

Do you plan to utilize insurance to help pay? (It makes a difference in terms of which counselor we assign to you, so we need to know this from the outset!) \_\_\_ yes \_\_\_ no

Specific needs or goals in attending the program \_\_\_\_\_

Is any prospective participant currently suffering with suicidal thoughts/tendencies? \_\_\_\_\_

Is any prospective participant currently experiencing psychotic/delusional symptoms which are not currently under control with medication? \_\_\_\_\_

Is chemical/substance dependency or addiction a primary reason for seeking help at this time? \_\_\_\_\_

Are there any other special needs/issues of which we should be aware? \_\_\_\_\_

How did you learn about ALONGSIDE? \_\_\_\_\_

Once your application has been approved, we require a \$500 non-refundable deposit to secure your place.

*Please return this form to ALONGSIDE via any of the contact information listed above. We look forward to the possibility of meeting you and serving you. Thank you for taking the time to answer these questions. Your answers will help us determine whether or not we can be of significant help to you. In the event that ALONGSIDE determines that we cannot offer significant help for your needs, we will attempt to inform you of other care-giving options of which we are aware.*