

Request for Peer Counseling

Date _____

Name _____

Phone _____

Address _____

How long at VGF? _____ Regular Attendee? Yes ____ No ____

How long have you been a Christian? _____

Why do you desire to receive counseling?

What steps have you already taken to resolve the situation?

What kind of support do you have?

Any previous or current counseling?

Are you currently in a small group? _____

Does your small group leader know you've contacted peer counseling? _____

Would you be interested in a small group? _____

When are you available to meet with someone?

Spiritual Life

1. What place did religion occupy in your home as a child?

2. What place does it occupy today?

3. Were you taught to pray as a child?

4. What were your ideas of God as child?

5. When and how did you Christian life begin?

6. Do you pray regularly?

7. How often do you read the Bible?

Every Day _____ 2 – 3 times per week _____ One time per
week _____ Hardly ever _____

8. Is the Bible meaningful to you?

9. How often do you go to church/small group/church events/activities?

Once each week _____ 2 – 3 times per week _____
4 – 5 times each week _____ 1 – 2 times per month _____