

LeaderCare

Your Partner in Ministry

www.lifeway.com/leadercare

Dear Friend:

Thank you for your interest in the LeaderCare Retreat sponsored by Pastoral Ministries of LifeWay Christian Resources. The retreats are designed to provide a safe and confidential location whereby ministers and their spouses can experience help and hope for their troubled lives and ministries. Retreat participants come with any number of concerns: church conflict, church staff issues, forced termination, marital problems, infidelity, pornography, depression, stress and burnout, to mention a few.

Through large and small group experiences individuals discover they are not alone in their struggles and find the support that is needed. You can be assured that every precaution will be taken to protect your privacy.

The retreats are scheduled for a five-day period, Monday — Friday. The schedule for the week is as follows: (a) Monday-check-in by 3:00 p.m., (b) Monday-first session 7:00 p.m., and (c) Friday concluding by 10:00 a.m.

Selection to attend one of the retreats depends upon approval of the LeaderCare Assessment and Evaluation Team. Should your application be approved, a letter of confirmation will be mailed. In the event that your application is not approved the \$50.00 deposit will be returned. Not all applicants will be approved, including (1) applicants who do not meet the criteria established for participants; (2) applicants with emotional and physical needs beyond the scope of care that can be provided in a week by our staff; and (3) applicants for whom the evaluation team suggests some concerns need to be addressed prior to approval. When these conditions have been met every effort will be made to reschedule a retreat for the participants.

A maximum of 16 couples and/or singles (32 persons total) are scheduled for each retreat and all choice. Therefore, it is imperative that you return the application and assessment forms, as soon as possible, identifying your preference of retreat dates. We will do everything possible to accommodate your choices; however that will not always be possible.

The costs associated with travel, lodging, and meals will be covered by LifeWay. Substantial scholarship assistance will be available to assist couples in covering their travel expenses as well.

The following important information applies to the retreat:

- **APPLICATION:** Each individual, minister and spouse, must complete a separate application and assessment form. If married, both the minister and spouse must attend together.
- **TRAVEL:** Travel arrangements will need to be made by each ministry couple. If you need assistance in obtaining reservations, LifeWay's agent World Travel Partners will be glad to assist. They may be reached at 800.416.3925. Payment will be the responsibility of each ministry couple.
- **TELEPHONE CALLS:** A telephone number for emergencies will be provided in the confirmation letter. LifeWay will not be responsible for long distance calls.
- **DEPOSIT:** A \$50.00 non-refundable deposit (per couple) is required with your application.
- **CANCELLATION:** If you are not able to attend the retreat due to last minute circumstances, the \$50 check will be cashed and will not be refunded. If LifeWay cancels the retreat due to extenuating circumstances the check will be applied to additional retreats or returned to the ministry couple.
- **CHILD CARE:** The week is very intensive, with little free time. Therefore, in order for you to obtain maximum benefit from the retreat, children are not invited. You will want to arrange for the care of children prior to coming to the retreat.
- **SCHEDULE:** Please do not plan to leave early. It is important to stay for the entire retreat.
- **STAFF:** The conference staff consists of individuals with a heart for ministers and spouses. Many are ordained ministers with a strong clinical background. In addition, most of the staff are licensed in their respective fields as counselors and therapists.

If you have questions concerning the retreat, please feel free to contact me at 615.251.2953 or email: barney.self@lifeway.com. Thank you for considering this opportunity.

Sincerely,

Barney Self, Ed.D.
LeaderCare Counselor
615.251.2953

LeaderCare Retreat Application/Assessment Form

Please print clearly your responses. All information is Confidential. Please see last page of application for further explanation regarding release of your information.

Date: _____

Name: _____ Date of Birth(M/D/Y) : _____

Name of Spouse (if applicable): _____ Date of Birth(M/D/Y): _____

How were you made aware of the LeaderCare Retreat? _____

If selected to attend, what name would you prefer to be on your name badge (first name only)?

Church Name and Denomination _____

Position Title: _____ How long in position? _____

Spouse employment/position: _____ How long in position? _____

Home Address:

Church Address:

City State Zip

City State Zip

Home Phone: () _____ Church/Work Phone: () _____

E-mail (*Write legibly*) _____

Name and age of children if living at home:

Name _____ Age _____ (*check*): Son _____ Daughter _____

Name _____ Age _____ (*check*): Son _____ Daughter _____

Name _____ Age _____ (*check*): Son _____ Daughter _____

Name _____ Age _____ (*check*): Son _____ Daughter _____

Check the areas that you are currently experiencing or experienced in the last 12-24 months. Include a brief description as to the nature of the problem(s) or concern(s).

- Addiction(s)(*alcohol, drugs, gambling, sex*) _____

- Burnout _____

- Conflict with Church _____

- Conflict with Staff _____

- Conflict with Family Members _____

- Financial _____

- Legal _____

- Marital Problems _____

- Separation/Divorce _____

- Death/Loss _____

- Pornography _____

- Infidelity _____

- Health Problem(s) _____

- Surgery _____

- Hospitalization _____

- Other _____

Are you currently under a physician's care for anything? If yes, please describe.

Are you currently on any type of prescribed medication? If yes, please list all and describe for what you are being treated.

Have you ever received professional counseling, therapy, or treatment for any condition or situation? If yes, give dates, counselor's name and reason for treatment. If not, please describe the reasons why. (*Example: can't afford one, one is not available within driving distance, do not trust counselors, etc.*)

In thinking about the past 1-6 months, please circle the number that best describes as to how you feel and/or are functioning.

1 - None of the time. 2 - Some of the time. 3 - Most of the time.

1. Physical Factors

- Change in appetite 1 2 3
- The change in appetite is (*circle your response*)..... less same more
- Inability to maintain normal body weight..... 1 2 3

2. Emotional Factors

- Feeling anxious..... 1 2 3
- Experiencing panic attacks..... 1 2 3
- Inability to concentrate/focus 1 2 3
- Depressed mood..... 1 2 3
- Excessive or inappropriate guilt..... 1 2 3
- Feeling irritable..... 1 2 3
- Experiencing anger and/or rage 1 2 3
- Loss of interest and pleasure in normal activities 1 2 3
- Low self-worth..... 1 2 3
- Significant/obvious mood shifts..... 1 2 3
- Tearfulness and frequent crying spells 1 2 3
- Indecisiveness 1 2 3
- Suicidal thoughts 1 2 3

3. Spiritual Factors

- Feeling hopeless..... 1 2 3
- Feeling worthless 1 2 3
- Feeling helpless..... 1 2 3
- Feeling abandoned by God..... 1 2 3
- Struggling to maintain a personal devotional time 1 2 3
- Questioning God’s Call 1 2 3

Release of Application and Assessment Materials

I, _____, understand that my Application and
Print Your Name

Assessment packet will be reviewed by a team of professionals on the LeaderCare Staff at LifeWay Christian Resources for acceptance to attend the retreat. I also understand that a completed application does not automatically guarantee my acceptance.

Treatment Team Approach

I understand that the staff leading the retreats will be working as a treatment team in order to provide for me the very best experience. Because of that, certain information will be discussed among the staff for planning purposes. However, no information will be shared outside the retreat without my written consent.

No other individuals outside of those listed above will have access to my written materials and comments.

Participation

I understand that participation in all activities is a requirement. Emergencies or special needs will be handled on an individual basis.

Signed: _____
Applicant

Date: _____

I have enclosed the \$50.00 deposit (per couple):

_____ YES _____ NO

Return to:

Barney Self
LifeWay Christian Resources
One LifeWay Plaza
Nashville, TN 37234-0166

