

Wellspring Counseling Ministries

Bringing Hope and Healing Relationships to Those Who Hurt

Dear Colleague:

I would like to invite you to consider becoming a member of the Wellspring Fellowship of Christian Counselors (WFCC). Our goal is to link individuals, couples, children & families looking for professional therapy with a Christian counselor. Our ministry accomplishes this goal by distributing a local network list of lay, pastoral, and professional counselors who desire to serve those within their sphere of influence in our community. Each year, our small grass-roots ministry helps dozens of families or individuals receive the counseling they need through referrals, grants & scholarships. Many of those were referred out to members of WFCC. We continue to pray for new and effective ways to reach more at-risk children, families, and individuals with the love of Christ poured out through counseling relationships.

We offer networking opportunities on a monthly basis to local counselors. These are open to anyone who is interested; you do not have to be a WFCC member to attend. These opportunities range from luncheons to three hour trainings to all day events.

If you are a licensed professional, you will be delighted to learn that Wellspring Counseling Ministries has been certified by the California State Board of Behavioral Sciences to offer Continuing Education Units (CEU) to those who need them for license renewal. At some of our luncheons and other events throughout the year, you have the opportunity to earn CEU's. One of the perks of being a WFCC member is receiving a discount when purchasing CEU's at our events!

Please feel free to share this information with any of your colleagues who might be interested in joining our network. If the cost of membership is a financial hardship for you, please contact our office. If possible, we would like to help you. We value your contributions to the well-being of our community.

If you have questions about this information or would like to speak with me personally, please feel free to contact me at (209) 607-1887, or Katy Steele, our administrative assistant, at (209) 402-4641. Our email address is wellspringcounselingministries@yahoo.com. Thank you for considering this invitation.

With you in service,

Cindi J. Martin, LCSW
Founder/Director

"Above all else, guard your heart, for it is the wellspring of life." -- Proverbs 4:23

603 West F Street ♠ Oakdale, CA 95361

(209) 607-1887 ♠ Fax (209) 848-8825

Email: wellspringcounselingministries@yahoo.com

Website: www.wellspringcounselingministries.org

Wellspring Counseling Ministries is a project of United Charitable Programs, a registered 501(c)(3) public charity
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Wellspring Fellowship of Christian Counselors

Application

I would like to become a member of the Wellspring Fellowship of Christian Counselors. I understand that the information on this form will be included in the Wellspring database for the purpose of community resource & referral services. By completing this form, I am agreeing to the public circulation of this information.

My Network Information

Name: _____
Please circle one: Pastoral, MA, Ph.D, LCSW, ASW, MFT, MFTI or: _____
Contact/Business Phone _____ Message Phone: _____
Client Accessible Website or Email: _____
Private Practice Address: _____
My Clinical Area of Specialty: _____
My Area of Ministry: _____
I accept the following insurance companies: _____

Information for In-Office Use Only

Mailing Address: _____
Email address: _____
Home phone: _____ Practice Name: _____
My Session Fee is: _____

Wellspring Ministry Information

I have been trained in CISM (Critical Incident Stress Management)
 I am currently a member of a formal crisis response team. Please specify _____
 I would like you to be aware of other Christian Counselors who may be interested in this network _____

Membership Fee & Signature

One Year Membership Fee - \$40*
 Two Year Membership - \$75*
 Five Year Membership - \$150*

MFT INTERN SPECIAL – One Year Membership - \$20 (Sorry, we cannot accept credit cards for this.)

New members are accepted year round. Membership renews April 1st of each year.
Please make check payable to: Wellspring Counseling Ministries

***Credit Cards are accepted;** however there is a \$3 charge. Please fill out the attached credit card form, adding \$3 to the amount, and return with your packet.

Yes! I want to sign up for auto billing! Please use the attached credit card information to bill me in the future. I understand I will receive a reminder email three weeks before my account is charged.

Signature _____ Date _____

Please send your application & payment to: Wellspring Counseling Ministries, 603 W. F Street, Oakdale, CA 95361

Statement of Faith

1. I believe that the Bible, in its entirety, in the original writings, is the inspired, inerrant, infallible and authoritative Word of God.
2. I believe in God, eternally existent in three persons: Father, Son and Holy Spirit.
3. I believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious death and atonement through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, in His imminent personal return in power and glory.
4. I believe that, for the salvation of lost and sinful man, faith in the Lord Jesus Christ provides the only grounds for justification.
5. I believe in regenerating ministry of the Holy Spirit by whose power the Christian is enabled to live a godly life.
6. I believe in the forgiveness of sins, the resurrection of the body and life eternal.
7. I believe in the spiritual unity of the Church, which is the body of Christ, composed of all who are generated through faith in the Lord Jesus Christ.
8. I believe in the reality of heaven, hell and Satan, which gives urgency to Christ's command to reach the entire world with the Gospel.

I believe and affirm all of the above statements of faith.

Signature: _____

____ No, I do not wish to affirm the above statement of faith. Please leave this portion blank on the Network Application.