

# 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: Type of Counseling

Name: \_\_\_\_\_

Please check all that apply: Pastoral  Coach  B.A.  M.A.  Ph.D.  LCSW  LMFT   
LPCC  Trainee/Intern/Associate  Student  Psychiatrist  Psychiatric Nursing

Other (Please Specify) \_\_\_\_\_

Contact/Business Phone \_\_\_\_\_ Message Phone: \_\_\_\_\_

Client Accessible Website or Email: \_\_\_\_\_

Client Accessible 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 would like to volunteer to help with events.

\_\_\_ I am currently a member of a formal crisis response team. Please specify \_\_\_\_\_

\_\_\_ I would like you to be aware of the names of other Christian Counselors who may be interested in this network including the following: \_\_\_\_\_

## Membership Fee & Signature

**New members are accepted year-round. Membership renews February 1<sup>st</sup> of each year.**

\_\_\_\_\_ **One Year Membership Fee - \$75**

\_\_\_\_\_ **Two Year Membership - \$150**

\_\_\_\_\_ **Five Year Membership - \$250**

\_\_\_\_\_ **STUDENT or INTERN SPECIAL – \$50 One Year Membership**

**Please make check payable to: Wellspring Counseling Ministries**

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.

=====

\_\_\_\_\_ Yes, I believe and affirm all of the above statements of faith.

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

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