



## MOUNT JOY COLLEGE APPLICATION FORM

### Level I Training in Hope Alive Group Counseling

**Personal Information:**

Name (Title, First, Last): \_\_\_\_\_

Home Address:

Street Address

City/Town

State/Province

Country

Postal Code

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Home Phone Number

Home Fax Number

E Mail Address

Work Address:

Company Name: \_\_\_\_\_ Your Title \_\_\_\_\_ Department \_\_\_\_\_

Street Address

City/Town

State/Province

Country

Postal Code

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Phone Number with Extension

Work Fax Number

Work E Mail Address

You may contact me at my work address/phone/fax/E-mail. Yes \_\_\_\_\_ No \_\_\_\_\_

Marital Status: \_\_\_\_\_ # of Children \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Religious

Affiliation: \_\_\_\_\_ Denomination \_\_\_\_\_

Level of Education completed:

Experience and training in counseling:

\*\*\* Briefly describe yourself. Enclose a one page, handwritten letter describing yourself and your reasons for taking this course.

For how long do you commit yourself to doing Hope Alive group counseling?

Describe your health.

Are you presently taking any medications? Which and for what reasons?

Describe your interest in this training as well as any concerns or reservations.

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What is your intended use of this training? Check 2 only.

- |   |   |
|---|---|
| <input type="checkbox"/> My own personal therapy          | <input type="checkbox"/> refresher to earlier Hope Alive program. Date: |
| <input type="checkbox"/> Better theoretical understanding | <input type="checkbox"/> personal maturing                              |
| <input type="checkbox"/> Use whole program                | <input type="checkbox"/> individual counseling                          |
| <input type="checkbox"/> Use parts in my practice         | <input type="checkbox"/> other. Explain:                                |

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From your perspective, what are the essentials in counseling for healing:

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Have you ever been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, explain:

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Have you ever been convicted of a sexual offense? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, explain:

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Please list your spiritual experiences, Christian and non Christian.

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Have you had previous Hope Alive counseling Yes \_\_\_\_\_ No \_\_\_\_\_ Hope Alive training? Yes \_\_\_\_\_ No \_\_\_\_\_  
Date and location of training and/or counseling:

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Enclose names of two individuals willing to give you referral references. Please include phone numbers.

1. Name (Title, First, Last): \_\_\_\_\_  
Home Address:

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Street Address

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City/Town \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Home Fax Number \_\_\_\_\_ E Mail Address \_\_\_\_\_

2. Name (Title, First, Last): \_\_\_\_\_  
Home Address: \_\_\_\_\_

Street Address \_\_\_\_\_  
City/Town \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Home Fax Number \_\_\_\_\_ E Mail Address \_\_\_\_\_

Following counseling training, when/if invited to take the Hope Alive training examination, I will use the Hope Alive program as a whole, not in part or melded with other programs. I will use the Hope Alive group counseling method only on completion of the appropriate training, passing the examination, and after gaining the necessary credentials and certification.

SIGNED \_\_\_\_\_

**Dates and Tuition Information:**

**The Level I course: October 17-24, 2015**  
**Location: Central Pennsylvania**

Tuition:	\$500.00
Residential Costs (Including food and lodging)	<u>\$500.00</u>
	<b>\$1000.00</b>

**Payment Information:**

\$ 25.00 Due when Application is Received  
\$ 175.00 Due by August 1<sup>st</sup>  
\$ 800.00 Due by October 3<sup>rd</sup>

**You will receive an email with a link to PayPal to make these payments**

Handwritten letter: Yes \_\_\_\_\_ No \_\_\_\_\_ enclosed.

**Please keep a copy of this application for your records  
and send the original to:**

**Mount Joy College, PO Box 27103, Victoria, BC V9B 5S4, CANADA**  
**Telephone: (250) 642-2844 or Fax: (250) 642-1841**  
**E-mail a copy of the application to: [ihaca2015@gmail.com](mailto:ihaca2015@gmail.com)**

You will be notified as to the acceptance of your application either by E-mail with accompanying information regarding the location of the venue for the training.

Since the program is a Christian mission, before obtaining your certificate to practice, you will be asked to sign and adhere to: the Commitment of Professional Conduct, My Declaration for Life Ethical Statement and the Mount Joy Statement of Faith. We recommend you read these before applying. They can be downloaded from: [www.mtjoycollege.com](http://www.mtjoycollege.com) website.