



# PARTICIPANT INFORMATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Please print email address \_\_\_\_\_

Confirm email address \_\_\_\_\_

Date of birth (month/day) \_\_\_\_\_ / \_\_\_\_\_ Church you attend \_\_\_\_\_

Emergency contact (name and phone number) \_\_\_\_\_

How did you hear about GriefShare? \_\_\_\_\_

Whom have you lost in death? \_\_\_\_\_ Date of death \_\_\_\_\_

Briefly describe the nature of your loss. \_\_\_\_\_

\_\_\_\_\_

If you have children, what are their ages and gender? \_\_\_\_\_

Is there anything more about your situation you would like to share? \_\_\_\_\_

\_\_\_\_\_

I UNDERSTAND CONFIDENTIALITY IS MANDATORY IN MY GROUP AND THAT ANYTHING SAID IN THE GROUP IS TO STAY IN THE GROUP. I UNDERSTAND GRIEF SHARE IS NOT COUNSELING, BUT A GROUP LED BY VOLUNTEERS. I ALSO UNDERSTAND THE VOLUNTEERS AND/OR LEADERS OF THIS PROGRAM HAVE AN OBLIGATION TO REPORT ANY DISCLOSURE OF INTENT TO HARM ONESELF OR OTHERS TO THE PASTORS AT [HOST CHURCH], MY CHURCH, OR TO ANY OTHER APPROPRIATE AGENCY.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Registration fee: \$ \_\_\_\_\_ (includes workbook and other expenses during all 13 weeks of sessions)

- \_\_\_\_\_ Payment attached
- \_\_\_\_\_ I'll bring it next week
- \_\_\_\_\_ Please cover my registration from the scholarship fund