GOOD SAMARITAN MINISTRIES
COUNSELOR TRAINING APPLICATION

Date: _____

Name: _____ **Date of Birth:** _____

Address: _____
Street *City* ***County*** *State* *Zip*

Telephone: _____ _____ _____
Home *Work* *Cell*

Email Address: _____

Preferred Class Enrollment Date: ☐ Fall ____ ☐ Spring ____ ☐ July (One-Week Intensive) ____
(Please indicate 1st choice, 2nd choice and 3rd choice.)

Pre-requisite: NOTE! Applicant must complete **GSM 10-week Communication Class** prior to acceptance for counselor training; **communication class attendance requirement: 9 of 10 classes**

- Please ***attach** a *complete* resume of educational and vocational history. (*Note: Criminal background check routinely conducted on applicants to Counselor Training Program.)*

- Please ***attach** a summary of your personal history. Include information that answers the question: ***"What do you have to offer to future clients based upon your own life experiences and journey of personal growth and healing?" (Include personal counseling history and mental illness diagnosis you may have received.)***

- Please ***attach** religious background (received Christ, unique calls, church membership) history.

- Significant talents:

- What are your objectives in this training program?

- What are your occupational objectives?

- ***Two** letters of recommendation *must* be received for consideration of your acceptance to the GSM Counselor Training Program. *Preferred* sources of recommendation: pastor of your church, church elder, college professor, or supervisor at place of employment or volunteer site. If you are a client of a Good Samaritan Ministries, one letter ***must*** be from your counselor.

By my affixed signature, I hereby declare that the above/attached information is complete and accurate to the best of my ability.

Signed: _____ **Date:** _____

Note*: *Your application will not be accepted unless the required documents are attached/received. PLEASE DO NOT SUBMIT APPLICATION UNTIL ALL REQUIRED DOCUMENTS ARE ATTACHED.

Privacy Notice: Applicant information will not be released to any parties outside the Good Samaritan Counseling Training Staff or used for any other purposes without the specific written permission of the applicant.

Good Samaritan Ministries
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