

**Identify Ministries, Inc.**  
**Intake Form**

\_\_\_\_/\_\_\_\_/\_\_\_\_ Donation \$ \_\_\_\_\_

**Personal Information**

\_ Male \_ Female \_ Parent \_ Spouse \_ Friend  
\_ Pastor \_ Counselor \_ Other: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Race: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home No. \_\_\_\_\_ Cell No. \_\_\_\_\_ Work No. \_\_\_\_\_

Email: \_\_\_\_\_

Vocation: \_\_\_\_\_

Current Living Situation: \_\_\_\_\_

Reason: \_\_\_\_\_

Referred By: \_\_\_\_\_ Appt Date/Time: \_\_\_\_\_/\_\_\_\_\_

**Emergency Contact Information**

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

Home No. \_\_\_\_\_ Cell No. \_\_\_\_\_ Work No. \_\_\_\_\_

Relationship: \_\_\_\_\_

**Notes**

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- Release from Liability
- Confidentiality
- Prayer
- Email Group

**Identify Ministries, Inc.**  
**AGREEMENT AND RELEASE FROM LIABILITY**

I, \_\_\_\_\_, acknowledge that I have voluntarily chosen to participate in the various programs and/or pastoral counseling and/or lay mentoring services offered by Identify Ministries, Inc., a Christian, non-therapist, worship, teaching, discipleship and mutual support ministry.

I am aware that my participation in the programs and services of Identify Ministries, Inc. is not a substitute for psychiatric treatment, psychotherapy, therapeutic counseling or any other form of professional therapy. I am also aware that my participation in Identify Ministries, Inc.'s programs and services is not a substitute for my active involvement in a local Christian church body of my choice. I am voluntarily participating in the programs & services of Identify Ministries, Inc. with full knowledge of these facts and I accept complete responsibility for my own psychological, mental, emotional and spiritual well-being. I acknowledge that it is my responsibility to ascertain my own need for professional counseling and to seek such professional counseling, as needed. I further acknowledge that my participation in the programs and services of Identify Ministries, Inc. does not create any special relationship of custody or control between myself and Identify Ministries, Inc.(including any agent, employee, officer or director of Identify Ministries, Inc.) or between myself and any other person.

As consideration for being accepted by Identify Ministries, Inc. to voluntarily participate in their programs and services , I, on behalf of myself and my assigns, heirs, executors, guardians and other legal representatives, hereby release Identify Ministries, Inc. (including all agents, employees, officers and directors of Identify Ministries, Inc.) from any liability for any injuries suffered by me during my voluntary participation in the programs & services of Identify Ministries, Inc., resulting from the negligent acts or omissions of, or any agent, employee, officer or director of Identify Ministries, Inc. or resulting from the negligent acts or omissions of any other participant of the programs & services of Identify Ministries, Inc. Further, I, on behalf of myself and my assigns, heirs, executors, guardians and other legal representatives, hereby agree that I will not make any claim against, sue or seek to attack the property of Identify Ministries, Inc. (including any agent, employee, officer or director of Identify Ministries, Inc.) and that I waive all actions, claims and demands that I now or hereafter may have, for any injuries suffered by me during my voluntary participation in the programs & services of Identify Ministries, Inc., resulting from the negligent act or omissions of Identify Ministries, Inc., or any agent, employee, officer or director of Identify Ministries, Inc., or resulting from the negligent act or omissions of any other participant of the programs & services of Identify Ministries, Inc.

HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND IDENTIFY MINISTRIES INC. AND I SIGN THIS AGREEMENT OF MY OWN FREE WILL.

Executed on \_\_\_\_\_ at \_\_\_\_\_, Florida  
(date) (city)

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

## **Identify Ministries, Inc. Confidentiality & Duty To Warn Policy**

I, \_\_\_\_\_, agree to hold as confidential all disclosures of any & all participating clients of Identify Ministries, Inc. Identify Ministries, Inc. leadership and staff will hold as confidential all disclosures made in the context of involvement with Identify Ministries, Inc. with these three exceptions:

1. When necessary, leaders reserve the right to discuss matters disclosed by clients with other leaders and staff for the purpose of determining the best course of action under individual circumstances. Group facilitators, ministry volunteers, board members and coordinators as well as Pastoral Overseers are included as leaders.
2. Any client who discloses intentions to take harmful, dangerous, or criminal action against another human being or against themselves will necessitate that Identify Ministries, Inc. warn those individuals of such intentions. Suspected acts of child abuse or neglect will be reported.

Those warned may include a variety of such persons as:

- a. the person or the family of such person who is likely to suffer the results of harmful behavior
- b. the family of the client who intends to harm him/herself or someone else.
- c. associates or friends of those threatened or making threats, law enforcement officials or child protection services.

3. Identify Ministries, Inc. operates within multiple hosting entities, while in their facilities, in Gainesville, Florida and abroad. Our leadership, staff, and volunteers reserve the right to disclose confidential information to the senior leadership of Identify Ministries and that of hosting organizations and other hosting entities regarding individuals who participate for the purpose of leadership continuity and oversight when required.

I have read and understand this confidentiality/duty to warn policy, including its exceptions.

Sign Name \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_