

PREVAIL -- THE HEALING JOURNEY BEGINS
VOLUME ONE DISCUSSION GROUP
PreRegistration and Waiver for Women

To register, please read all forms carefully. Complete forms and mail **before the first session to** Sabrina Polk P.O. Box 988, Bridgeport, Texas 76426 or email completed form to sabrina@myriadartworks.com

Note: Failure to complete and sign forms prohibits you from attending the discussion group.

Forms are confidential.

Beginning Date: Friday, May 14, 2021 **Time:** To be determined.

Location: 2496 Deer Park Road, Decatur, Texas

Your Facilitator/Leader: Sabrina Lynn Polk **Phone:** 940.390.9144

| | | |
|------------|-----------|----------------------------|
| First Name | Last Name | Primary Phone W/ area code |
|------------|-----------|----------------------------|

| | | |
|---------|------|-----------|
| Address | City | State/Zip |
|---------|------|-----------|

E-Mail Address -- Leadership will communicate through email. If this will not work for you, please indicate best way.

Your Gender: Female Male **I plan to join the group:** On Location Zoom **Your Age Today:** _____

We look forward to your participation. If you plan to Zoom, further instructions will be sent before the start date. Our group will address the damage of childhood, adolescent, and adult abuse and how to move beyond the trauma by applying Biblical truths. Prevail has been divided into two phases - Volume 1 and 2. After completing the first phase, participants are encouraged to attend Prevail 2 which will take them deeper into God's Word and healing.

Please read the following and check the boxes to indicate that you understand and agree.

- I understand Prevail will be a commitment to enter into a healing journey where I will be given direction from God's word and I must purchase for \$20.00 a copy of PREVAIL - The Healing Journey Begins in order to participate.
- I understand I will be given weekly assignments to complete prior to each meeting.
- I understand the focus of Prevail will be on Christian spirituality and not a substitute for medical or psychological care.
- I understand Prevail groups are closed to guests and after the second session no new members may join the group unless prior arrangements have been made.
- I will do everything within my power to attend each group discussion and be on time. I understand a missed lesson must be made up before the next meeting.
- I understand the facilitators/ leaders of the group serve as facilitators rather than therapist or professional certified counselors.
- I understand my participation in this discussion group indicates that I am capable of accepting full responsibility for myself and my actions.
- I understand groups are **not** a substitute for counseling, medical, or psychological care.
- I understand Prevail Abuse Recovery strives to maintain the highest degree of confidence, however, there are certain legal issues if shared, that they are obligated to report according to law. I understand these include any type of abuse involving a minor regardless of the number of years since it happened. If I have questions about these issues, I will ask before I share.

Signature _____ Date _____

Group Purpose

To provide a safe place for women who have experienced abuse:

- to meet, share, and discuss the pain of abuse
- to deal with grief issues associated with abuse
- to experience forgiveness and resolve anger issues
- to successfully cope with the ongoing reminders of abuse by using biblical principles

Group Guideline

- Confidentiality
- No “rescuing”
- Do not monopolize
- Importance of attendance
- Freedom to exit
- No drugs or alcohol 24 hours prior to session
- Nonjudgmental feedback--do not form or express a negative opinion
- Do not interrupt
- Do not ask about details of another person’s abuse
- Complete homework
- Participation
- No solicitation, promoting organizations, books, or authors
- No “spiritual Band-Aids”
- No texting during class
- Check motives for attending
- Pray for the group

Signature: _____ Date: _____

Recovery Ministry Information Sheet

Thank you for providing the following information. Your background information will be helpful as we form groups. It will also be helpful in letting us know how we may best minister to you.

The information you share is confidential.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home/Cell _____ Email: _____

Text? Yes No Date of Birth: _____ Marital Status: _____

Number of Children _____ Ages _____

*Child care needed no yes A \$5 donation is suggested, but not required.

I am a victim of this type of abuse: (check all that apply)

Sexual Physical Emotional Verbal, Mental Spiritual Domestic Violence Not sure

My age at the time of my abuse: _____ I am currently in an abusive situation

How strongly do you feel your past abuse affects you?

Very Strong Strong Somewhat Occasionally

Are you involved in counseling or any support groups? Yes No

List groups: _____

Are you currently under the care of a psychiatrist, psychologist, or medical doctor?

If yes, circle all that apply and explain. _____

Are you currently taking prescribed antidepressants or mood stabilizers? _____

Are you presently affiliated with a faith based organization? Yes No

If yes, what church/organization? _____

To what extent is your involvement? _____

Please check all that apply to you in the past six months. Then place another check by the things you have experienced in recent weeks.

- Guilt Crying Spells. Fear Depression
- Helplessness Fatigue Loneliness Same Sex Attraction
- Sadness Suicidal Thoughts Marital Stress Panic Attacks
- Fear of Failure Sighing Anxiety Regrets
- Eating Disorder Sedative Use Anger Issues Control Issues
- Emotional Numbness Dreams/Nightmares Inability to Relax
- Alcohol/Drug Use Feelings of Inferiority Emotional Outbursts
- Trust Issues Shame Trouble Making Friends Sexual Confusion
- Sense of loss Preoccupation with Thoughts About Your Abuse
- Abusive Behavior Self-Mutilation PTSD Diagnoses Isolation

List other information you feel can be helpful to your Leader:

Explain why you want to join a group.

Emergency Contact: _____

Relationship: _____ Phone: _____

Signature: _____