

GriefShare Participant Information Form

Support group for those who have experienced the death of a family member or friend

Name _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

Emergency Contact (name and phone #) _____

How did you find out about GriefShare? _____

What church do you attend? _____

Are you a member of that church? _____

Pastor's Name _____ Church's # _____

Physician's Name _____ Physician's # _____

Whom have you lost in death? _____

Briefly describe the nature of your loss _____

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

I understand confidentiality is mandatory in my support group and that anything said in the group is to stay in the group. I understand GriefShare is not counseling, but a peer support 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 First Baptist Church Tillsonburg Inc., my church or to any other appropriate agency.

Print Name

Signature

Date



Registration Fee: \$20.00
(covers all 13 weeks of session & workbook)

- Payment attached
- I'll bring it next week