



# FIRST COUNSELING

BIBLICAL COUNSELING OF FIRST BAPTIST CHURCH JACKSONVILLE

## CHURCH (PASTOR) RECOMMENDATION FORM

Person Seeking Counseling: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Name of Pastor: \_\_\_\_\_

Pastor's Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Today's Date: \_\_\_\_\_

### *The following to be completed by the individual's Pastor.*

Is this person/couple a member of your church? How long have you known this member?

Please describe the member's level of commitment to the church:

Have you or another in your congregation sought to counsel this member in the past?  
If yes, please explain the situation:

Are you supportive of this member receiving biblical counseling from First Counseling at First Baptist Church Jacksonville? Do you have any concerns?

In an effort to honor the autonomy of the local church and the authority of the local pastor, we believe counseling should be done by and through the local church. Because of this, we require counselees to bring someone in spiritual leadership from their church as an advocate during the counseling process. This includes a pastor, SS teacher, a deacon, an elder, or for women a spiritually mature female church member. Please let us know the following:

Yes, I will be coming as my member's advocate: \_\_\_\_\_

No, I will not be coming as my member's advocate but have asked the below spiritual leader to come on my behalf: \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Position in Church: \_\_\_\_\_ Phone: \_\_\_\_\_