

Caregiver Name: _____



Water of Life Community Church Care Receiver Agreement

Our Shepherd's Staff Ministry exists to serve members of Water of Life Community Church in times of concern and conflict. It is based on the Christian understanding of giving ourselves to our neighbors. Our Care Givers come from a wide variety of backgrounds and occupations and have gifts, skills, and experience in supportive helping. Each Care Giver has been trained in the skills of listening, clarifying, and goal setting.

As a Care Receiver I understand the following:

1. I will meet with my Shepherd Staff Care Giver, for up to 8 sessions, for a fifty minute time segment. I understand that in order to continue meeting with my care giver, I must agree to participation in a small group, support group, or healing group before the third session with and agree to maintain regular attendance in the group. **I agree that two consecutive absences could terminate sessions with my Care Giver.**
2. All sessions will take place at Water of Life Community Church.
3. Out of courtesy to my Care Giver, and for my own best interest, I will give at least **48 hours prior notice** before canceling a session. I understand that if I miss two appointments with my Care Giver this could terminate my sessions.
4. There will be no physical or sexual relationship or contact between Care Giver/Care Receiver.
5. During the eight-week period of care giving and for three months afterwards I will have no extended social interaction with my Shepherd Staff Care Giver.
6. All sessions are confidential though I understand that my Care Giver has been directed to inform the Supervisor if I intend to take harmful, dangerous, or criminal action against another human being or myself, if there is suspected child abuse or elder abuse (physical or sexual) as well as intent of separation or divorce.
7. My Shepherd's Staff Care Giver is required to participate in regular supervision sessions, with the Pastor of Shepherd's Staff and Recovery Ministries, or other approved Supervisor. My signature acknowledges that I give permission to have the information and details of my caregiving sessions discussed within the supervision session. I further understand that no member of the supervision session group will share this information with any person outside the context of the supervision for any reason.
8. My signature acknowledges that I understand and agree to the above.

Care Receiver's Name (Print)

Date

Care Receiver's Signature

City, Zip Code

Street Address

Home Phone #

Signature of Parent if Care Receiver is under 18

Cell Phone #