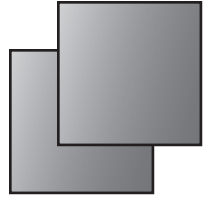


PARTICIPANT INFORMATION FORM



Name _____

Address _____

Home phone _____ Cell phone _____

Please print email address _____

Again, please print *same* email address _____

Date of birth [month/day] _____ / _____

Emergency contact [*name and phone #*] _____

How did you find out about Single & Parenting? _____

How long have you been a single parent? _____

How many children do you have? What are their gender, ages, present school grades? _____

Briefly describe the circumstances leading you to become a single parent. _____

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

I understand confidentiality is mandatory in my group and that anything said in the group is to stay in the group. I understand Single & Parenting is not counseling, but a 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 [host church], my church or to any other appropriate agency.

Name _____

Signature _____ **Date** _____