

Sample Registration Form

Hello!

Thank you for your interest in SOAR, a support and recovery group for (you may specify gender here) survivors of sexual trauma. This group is intended for survivors who want to go deeper in their healing process, as well as in their relationship with God and others. Participants will read *Hush: Moving from Silence to Healing after Childhood Sexual Abuse*, work through its workbook companion, SOAR, and then meet for group discussion.

Our first meeting is at (date, time, location). We will meet for 8 weeks, and you must commit to attending every meeting. \$(Amount) is due at the first meeting to cover the cost of the book, workbook, and materials. If you are a survivor of sexual abuse and if this sounds like something you would like to be a part of, please fill out the registration form below and e-mail it to (name and e-mail address)

Name

Age

Phone

E-mail

Best way to contact you (e-mail/text/phone)

Emergency contact

Current therapist (if any)

What church do you attend (if any)?

Signature to release SOAR leader to contact your current therapist (if you have one), if necessary

Have you ever been a part of survivor group before?

Have you engaged in any individual counseling for healing? (If yes, briefly describe)

What are you hoping to receive from attending this group?

Space is limited. You will receive a follow up confirmation e-mail letting you know if you have been admitted into this group. If, due to limited space, you are not able to participate in this SOAR group, we will let you know when we plan to have the next one.

Thank you for your interest and inquiry. We believe that God will bring His healing as the silence is broken within a safe, supportive circle of survivors.

Blessings,