



# MOUNT JOY COLLEGE APPLICATION FORM

## Level I Training in Hope Alive Group Counseling

**Personal Information:**

Name (Title, First, Last): \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone Number Home Fax Number E Mail Address

**Work Address:**

Company Name: \_\_\_\_\_ Your Title \_\_\_\_\_ Department \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone Number with Extension Work Fax Number Work E Mail Address

You may contact me at my work address/phone/fax/E-mail. Yes \_\_\_\_\_ No \_\_\_\_\_

Marital Status: \_\_\_\_\_ # of Children \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ Denomination \_\_\_\_\_

Level of Education completed: \_\_\_\_\_

Experience and training in counseling:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\* Briefly describe yourself. Enclose a one page, handwritten letter describing yourself and your reasons for taking this course.

For how long do you commit yourself to doing Hope Alive group counseling?  
\_\_\_\_\_  
\_\_\_\_\_

Describe your health.  
\_\_\_\_\_  
\_\_\_\_\_

Are you presently taking any medications? Which and for what reasons?  
\_\_\_\_\_  
\_\_\_\_\_

Describe your interest in this training as well as any concerns or reservations.

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Give two reasons why you are taking this training? Check 2 only.

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|---|---|
| <input type="checkbox"/> My own personal therapy          | <input type="checkbox"/> refresher to earlier Hope Alive program. Date: |
| <input type="checkbox"/> Better theoretical understanding | <input type="checkbox"/> personal maturing                              |
| <input type="checkbox"/> Use whole program                | <input type="checkbox"/> individual counseling                          |
| <input type="checkbox"/> Use parts in my practice         | <input type="checkbox"/> other. Explain:                                |

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From your perspective, what are the essentials in counseling for healing:

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Have you ever been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain:

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Have you ever been convicted of a sexual offense? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain:

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Please list your spiritual experiences, Christian and non-Christian.

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Have you had previous Hope Alive counseling Yes \_\_\_\_\_ No \_\_\_\_\_ Hope Alive training? Yes \_\_\_\_\_ No \_\_\_\_\_

Date and location of training and/or counseling:

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Enclose names of two individuals willing to give you referral references. Please include phone numbers.

1. Name (Title, First, Last): \_\_\_\_\_

Home Address:

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Street Address

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City/Town \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_  
 ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 Home Phone Number \_\_\_\_\_ Home Fax Number \_\_\_\_\_ E Mail Address \_\_\_\_\_

2. Name (Title, First, Last): \_\_\_\_\_  
 Home Address: \_\_\_\_\_

Street Address \_\_\_\_\_  
 City/Town \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_  
 ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 Home Phone Number \_\_\_\_\_ Home Fax Number \_\_\_\_\_ E Mail Address \_\_\_\_\_

Following counseling training, when/if invited to take the Hope Alive training examination, I will use the Hope Alive program as a whole, not in part or melded with other programs. I will use the Hope Alive group counseling method only on completion of the appropriate training, passing the examination, and after gaining the necessary credentials and certification.

SIGNED \_\_\_\_\_

**Dates and Tuition Information:**

The next Level I courses will be held:

Dates	Venue
November 17-23, 2019	Victoria, BC
October 20-27, 2019,	Serbia

Tuition for CANADA:	\$450.00 (or \$400.00 if 30+ days early)
Residential Costs (Including food and lodging)	<u>\$450.00</u>
	<b>\$900.00</b> (or \$850 if 30+ days early)
Costs for those continuing on through the examination process:	
Books and manual	\$ 75.00
Examination	<u>\$ 75.00</u>
Total Cost	<b>\$150.00</b>

We train people in many countries. There are many who would like training but cannot afford it. Would you like to make a donation for someone to attend?

Deposit required: \$350.00/\$350 if 30+ days early.  
 Handwritten letter: Yes \_\_\_\_\_ No \_\_\_\_\_ enclosed.

**Please keep one copy of this application and send the original to:**  
**Mount Joy College, PO Box 27103, Victoria, BC V9B 5S4, CANADA**  
**Telephone: 250-642-2844 or Fax: 250- 642-1841**  
**You may e-mail your application to: [admin@mtjoycollege.com](mailto:admin@mtjoycollege.com)**

You will be notified as to the acceptance of your application either by phone, fax, E-mail or mail with accompanying information regarding the location of the venue for the training.

You are required to first take the online course covering the theoretical components of Hope Alive and pass an examination. Please go to [mtjoycollege.com](http://mtjoycollege.com) for details. Since the program is a Christian mission, before obtaining your certificate to practice, you will be asked to sign and adhere to: the Commitment of Professional Conduct, My Declaration for Life Ethical Statement and the Mount Joy Statement of Faith. We recommend you read these before applying. They can be downloaded from: [www.mtjoycollege.com](http://www.mtjoycollege.com) website.