



## Weddings at Stonepoint Community Church

Thank you for your interest in having a SCC staff member perform your wedding ceremony. At SCC we believe one's wedding is one of the most important spiritual moments in a person's life. Therefore, we take our potential involvement in your wonderful occasion quite seriously. Our goal is not only to help you have a memorable wedding day, but to help prepare you and your future spouse to build a successful, lifelong partnership. To help make this happen, we've prepared this document to answer many of your questions. While a lifelong, loving marriage partnership doesn't come easily, we believe that with Jesus' help it is within everyone's reach. We're excited about how God can work in your relationship over the upcoming months!

Please review this document so that you will have a clear understanding of what the wedding process will look like from start to finish. If you make the decision to have a SCC wedding, complete a Wedding Request Form and Email the form to Stonepoint Community Church at ATTN: Congregational Care, to [Weddings@stonepointcc.org](mailto:Weddings@stonepointcc.org). This form provides us with some important information about you.

The following is an explanation of what will take place once we have received your Wedding Request Form.

1. Congregational Care will review the Wedding Request Form to determine if the bride and/or groom meet the necessary requirements to be married at Stonepoint Community Church.
2. A staff member will be assigned to perform the wedding ceremony. Once a staff member has been assigned, the staff member will contact you to schedule a meeting to discuss the wedding date, plans and other ideas. At this meeting the SCC Wedding Agreement will be reviewed and signed by the couple and the staff member.
3. In order for a SCC staff member to perform a wedding, the couple must:
  - a. Successfully complete the premarital counseling program. The program must be completed at least 1 month prior to the wedding date.
  - b. Schedule 3 follow-up spiritual guidance sessions. The sessions must be set for 3 months, 6 months and 12 months after the wedding day.

At the conclusion of counseling, if an outside Christian counselor is used then they will be required to send a letter to the SCC staff member stating that the sessions were successfully completed and include the dates for the 3 follow-up sessions. This letter must be received no later than 30 days prior to the wedding.

4. If a couple wants to be married by a SCC staff member and they are living together and/or sexually active, the couple must agree to stay apart sexually from the date of signing the "SCC Wedding Agreement" until the wedding night. Because the Bible clearly teaches that a man and a woman should not have sex before they are married, we believe this commitment before marriage is the best way to start fresh and do things God's way.

5. The SCC staff member and the couple will meet two additional times prior to the wedding ceremony. The first meeting will be conducted to finalize wedding plans and the second meeting will be the actual wedding rehearsal.
6. It is the responsibility of the couple to obtain the marriage license prior to the wedding. The SCC staff member will be responsible for mailing the marriage license to the county office.
7. On the day of the wedding, only the ceremony will take place with the SCC staff member arriving approximately 45 minutes prior to the wedding and leaving after the ceremony is completed and the marriage license is signed. While the staff member and his/her family may choose to join the wedding party for the reception (**OFFSITE ONLY**), this may not be possible and therefore should not be expected.
8. SCC staff members believe that God's intention is for partners to be married for life; however, they also understand that people make mistakes. SCC staff members will marry those who have been divorced. We do require that the couple make this a major area of exploration in their counseling sessions.
9. SCC's current facility is available for ceremonies only, but couples can also rent other church buildings, chapels, community buildings and outdoor facilities for their ceremony. Regarding the other aspects of the ceremony, such as programs, flowers, and musicians, it is the responsibility of the couple to make these arrangements. The SCC staff member will gladly assist as much as possible to provide contacts and direction.
10. An honorarium of \$350 or more will be expected for the wedding ceremony. The fee is to be paid directly to the SCC staff member performing the ceremony.
11. A Facility Usage Fee of \$250 can be given for the use of SCC facilities. If sound/technical support is required from SCC during the ceremony, a fee of \$25/hour is to be paid directly to the technician.
  - A. Our church facility is available for the ceremony only. Our facility is not setup for receptions, therefore another location should be sought to host banquet and/or reception festivities.
12. In order to meet the requirements for a SCC wedding, we recommend that you initiate the wedding process 12 months prior to your wedding date. SCC does not schedule weddings on Easter and Thanksgiving weekends, or the weeks before or after Christmas.

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(Sign)

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(Sign)



## Consent to Spiritual Guidance Form

**Fees** - While we do not charge fees for our sessions please remember that time is valuable and if you would like to put in a free will offering or a honorarium please feel free to do so in the church offering.

**Church Services** - Because we know that faith comes by hearing and hearing the Word of God, in order to participate in Spiritual Guidance you **must attend a minimum of one** Stonepoint service per week.

**Accountability** - A counselor will not meet with someone of the opposite sex behind closed doors unless there is a third party present. However, they may meet in a location that is either public or with an open door with others present in the surrounding offices to provide accountability.

**Our Goal:** Our goal in providing Christian spiritual guidance is to help you meet the challenges of life in a way that will please and honor the Lord Jesus Christ and enable you to enjoy fully His love for you and His plans for your life.

**Biblical Basis:** We believe that the Bible provides guidance and instruction for faith and life. Therefore, our spiritual guidance is based off scriptural principles rather than those of secular psychology or psychiatry. Neither the pastoral nor the lay counselors of this church are trained or licensed as psychotherapists or mental health professionals, nor should they be expected to follow the methods of such specialists.

**Not Professional Advice:** Some of our counselors work in professional fields outside the church. When serving as counselors within this church, however, they do not provide the same kind of professional advice and services that they do in their professional capacities. Therefore, if you have significant legal, financial, medical, or other technical questions, you should seek advice from an independent professional. Our pastoral and lay counselors will be happy to cooperate with such advisors and help you to consider their counsel in light of relevant scriptural principles.

**Confidentiality:** Confidentiality is an important aspect of the spiritual guidance process, and we will carefully guard the information you entrust to us. There are four situations, however, when it may be necessary for us to share in certain information with others: a) when a counselor is uncertain how to address a particular problem and needs to seek advice from another pastor or elder in this church; b) when a counselee attends another church and it is necessary to talk with his or her pastor or elders; c) when there is a clear indication that someone may be harmed unless others intervene; or d) when a person persistently refuses to renounce a particular sin and it becomes necessary to seek the assistance of others in the church to encourage repentance and reconciliation (see Proverbs 15:22; 24:11; Matthew 18:15-20). Please be assured that our counselors

strongly prefer not to disclose personal information to others, and they will make every effort to help you find ways to resolve a problem as privately as possible.

I may use or disclose information without your consent or authorization in the following circumstances:

- **Child Abuse:** Whenever I have knowledge of or observe a child I know or reasonably suspect, has been the victim of child abuse or neglect, I must immediately report such to a police or sheriff's department, county probation department, or county welfare department. Also, if I have knowledge of or reasonably suspect that mental suffering has been inflicted upon a child or that his or her emotional well-being is endangered in any other way, I will report such.
- **Adult and Domestic Abuse:** Whenever I have knowledge of or observe an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse or neglect of an elder or dependent adult, or if I am told by an elder or dependent adult that he or she has experienced these or if I reasonably suspect such, I must report the known or suspected abuse immediately to the local law enforcement agency. I do not have to report such an incident if:
  1. I have been told by an elder or dependent adult that he or she has not experienced behavior constituting physical abuse, abandonment, abduction, isolation, financial abuse or neglect;
  2. I am not aware of any independent evidence that corroborates that the abuse has occurred;
  3. The elder or dependent adult has been diagnosed with a mental illness or dementia; and
  4. In the exercise of good judgment, I reasonably believe that the abuse did not occur.
- **Serious Threat to Health or Safety to Other Person:** If you communicate to me a serious threat of physical harm or violence against an identifiable victim, I must make reasonable efforts to communicate that information to the potential victim and the police. If I have reasonable cause to believe that you are in such a condition, as to be dangerous to others, I may release relevant information as necessary to prevent the threatened danger.
- **Serious Threat to Health or Safety to Yourself (Suicide):** If you communicate to me a serious threat of physical harm or if I have reasonable cause to believe that you are in

such a condition, as to be dangerous to yourself, I may release relevant information as necessary to prevent the threatened danger. I may provide to law enforcement or persons able to prevent or mitigate a serious threat to the health or safety of yourself.

**Agreement:** By signing this consent, you agree that you will not attempt to subpoena or require any counselor to appear in any legal proceeding related to any matters discussed during counseling; nor will you attempt to subpoena any notes or records related to this counseling.

Having clarified the principles and policies of our counseling ministry, we welcome the opportunity to minister to you in the name of Christ and to be used by Him as He helps you to grow in spiritual maturity and prepares you for usefulness in His body. If you have any questions about these guidelines, please talk with a pastor or elder. If these guidelines are acceptable to you, please sign below.

Signed \_\_\_\_\_ Date: \_\_\_\_\_



Spiritual Guidance Center  
4445 W. Olive Ave  
STE #151  
Glendale, AZ 85302  
(623)33-STONE

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

I prefer you leave a message at the following number: \_\_\_\_\_

In case of emergency, please contact \_\_\_\_\_ at \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_ # Years Married: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Children (names & ages): \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Referral Source: \_\_\_\_\_ May I acknowledge the referral? \_\_\_\_\_

Briefly describe why you are seeking therapy at this time and what goals you plan to accomplish:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last physical examination? \_\_\_\_\_

Treating Psychiatrist: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Medications:	Dosage	Prescribing Physician
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous Therapist: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Issues addressed in therapy:

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Do you currently have any medical conditions that you are being treated for? Yes No  
Please explain.

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If you have ever been hospitalized please list when and for what reason. (Please include pregnancy and abortion)

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Have you ever experienced any trauma in your life? Yes No  
If so, please briefly explain.

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List 5 things about yourself that you like:

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List 5 things about yourself that you would like to change:

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What are your major strengths?

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Have any anniversaries of importance or stressful events in your life occurred recently or are any due to occur soon?

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List any major problems or stressful events that other family members or close friends are currently dealing with:

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What solutions or efforts have you tried to solve the problems that bring you here?

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Do you have any religious affiliation? \_\_\_\_\_ If so, what denomination? \_\_\_\_\_  
Are you practicing or non-practicing in your faith? Where do you worship? \_\_\_\_\_

Do you want to have your faith integrated into therapeutic treatment? Yes No

### **Family History**

	Living	Deceased	Age	If living, location
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Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Brothers:

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Sisters:

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Is there any family history of mental illness? Yes No

Are there issues with your family of origin that you believe are influencing the quality of your life today? If so, please describe:

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Do you drink alcohol? Yes No

If so, how much beer, wine or hard liquor do you consume each week on the average? \_\_\_\_\_

Have you ever felt the need to cut down on your drinking? Yes No

Have you ever felt annoyed by criticism of your drinking? Yes No

Have you ever felt guilty about your drinking? Yes No

Have you ever had a Driving Under the Influence arrest? Yes No Date: \_\_\_\_\_

Do you smoke cigarettes? Yes No How many packs per day? \_\_\_\_\_

Do you have any compulsive behaviors that you would like to address in therapy?

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**Please Note:** As church counselors, WE ARE NOT PROFESSIONALS, LICENSED PSYCHOLOGISTS, OR PSYCHIATRISTS. We simply offer you spiritual guidance based on the Word of God; and an opportunity for prayer led by the Holy Spirit.