Journey Counseling
139 N Liberty Street
Harrisonburg, VA 22802
Phone: (540) 908-3464
www.journeycounselingministries.org

MUTUAL COOPERATION WAIVER FOR PASTORS AND CHURCH MEMBERS

Journey Counseling Ministries was created with the understanding that Christians should have their spiritual and relational needs met within their congregation and that the responsibility for the care and cure of souls rest primarily on the local church body. Journey counselors see themselves as part of the body of Christ which is described in Paul's epistle to the Corinthians (1 Cor. 12) as having many members each with diverse calling and ministries. It is the goal of Journey Counseling Ministries to be interdependent, NOT independent, of the churches whose members are served by this ministry. Journey counselors provide pastoral and professional counseling for those whose church leaders may not have the time or expertise.

Therefore, the two parties listed below, agree to allow communication between the Journey counselor and the church (a pastor or ruler elder) in order to assist the members in ongoing shepherding and care. This communication will be general in nature so that any needed support, teaching, discipleship or accountability can be summoned from the client's congregation. Counseling information will remain confidential between member and counselor, but member will not be totally anonymous. This communication will also serve as mutual accountability between Journey and the local church. If there is any concerns about the biblical guidance given by the Journey counselor, we ask that it be addressed directly with Journey and the clients' pastor.

In order for this communication to occur, both client and pastor (or elder) must sign in the appropriate spaces below. This agreement will be valid unless cancellation by either party is requested in writing. NOTE: This agreement can only apply to church members, NOT visitors or attendees.

Client Waiver: I, _____, who has been a member of _____ for _____, wish my Journey counselor to communicate with my pastor to maintain biblical accountability and share information that is general in nature regarding my counseling.

_____
Client's signature Date

Pastor Waiver: I, _____, pastor of _____, am willing to communicate with the Journey counselor about the above mentioned church member.

_____
Pastor's signature Date