

# APPLICATION FOR THE BEGINNING EXPERIENCE WEEKEND

Please RETURN application or CALL to reserve space 4 weeks in advance (late applications are considered)

First Name:	Last Name:
Address:	Home Phone:
City/State/Zip:	Mobile Phone:
Email Address:	Work Phone:
I am presently: Separated ____ years ____ months Divorced ____ years ____ months Widowed ____ years ____ months I was Married for ____ Years	Number of Children ____ Children's Ages: _____ _____ _____

Religious Affiliation \_\_\_\_\_

Name of Church \_\_\_\_\_

Birthdate including year: \_\_\_\_\_ Are you a Smoker? Y/N \_\_\_\_\_ Diabetic? Y/N \_\_\_\_\_

Special Diet \_\_\_\_\_

How did you hear about Beginning Experience (B.E.)? (Check all that Apply)

- Newspaper  Church Bulletin/Poster  Other  \_\_\_\_\_  
 Poster in Public Place  Beginning Experience Team Member   
 Friend  Former Beginning Experience Participant

The following questions are intended to help Beginning Experience better understand your situation. Dealing with the loss of a spouse is a step-by step process. The questions are designed to determine where you are in that process and if The Weekend will be of benefit to you.

Q. Do you believe you have worked your way, at least partly, through the initial, very hurting stages that usually follow divorce, separation, or the death of a spouse? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes", in what way? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Q. Are you in any sort of counseling or therapy? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 √ If Yes, please attach a letter from your therapist or counselor indicating your emotional readiness to participate in this Weekend experience.

Q. Have you ever participated in a divorced, separated, or widowed support group? Yes/No. For how long? \_\_\_\_\_

Q. What do you hope to gain from participating in a Beginning Experience Weekend?  
 \_\_\_\_\_  
 \_\_\_\_\_

The cost of The Weekend is \$195.00 which includes meals and lodging; a **\$50.00 non-refundable deposit** is required by the deadline listed above. Call any persons below with your questions or inquiry. Please mail your completed application with a check made payable to **"Beginning Experience or Oregon"** to the address below:

PO Box 13422  
 Salem, OR 97309

**For more information**, call 503-837-0147 (Lynda), 503-378-1292 (Helen)