

About the Retreat Weekend

A Rachel's Vineyard retreat is a weekend opportunity for women and men to resolve issues of guilt, shame, pain, grief, and anxiety after an abortion. The retreat provides a safe and sacred place for you to open up to our Lord and unburden yourself without fear. You will be able to grieve, work on any anger, forgive yourself, reconcile with God, and reconcile with your children.

Married couples, mothers, fathers, grandparents and siblings of aborted children, as well as persons who have been involved in the abortion industry have come to Rachel's Vineyard in search of peace and inner healing.

The retreat begins on Friday afternoon with check-in at 3:00pm, followed by the welcome at 3:30 pm and ends on Sunday after a dinner reception from 4 - 5pm.

The weekend progresses through a series of spiritual exercises called "Living Scriptures". Each exercise begins with a scripture reading followed by a meditation that is designed to help you place yourself in the story to hear Jesus' message to you. The meditations help to reinforce the message of the scripture. In addition, we share our thoughts about the meditations, which allow retreatants to help each other to grow in their understanding and acceptance of God's love.

On Sunday afternoon, we hold a Memorial Service. This is a special time when you give dignity to the eternal life and memory of the child. Although it is a special private occasion, you may wish to invite someone who is very close to you. Consider your spouse, a close family member or a best friend. Your guest will be invited to stay for the Mass of Entrustment as well as the dinner reception which concludes the retreat.

Our retreats are based upon Catholic Christian teachings, with our focus upon Jesus Christ and our relationship with Him, not on our denominations. We have Mass each day and an opportunity for confession with a priest and Eucharistic adoration.

For the non-Catholic Christian we offer a weekend steeped in Jesus and the scriptures. The weekend provides an opportunity for everyone to unburden themselves as the suffering body of Christ.

There will be 2-5 trained team members, and 1 priest/deacon on the weekend team. The majority of our team members are past retreatants themselves who joined us after experiencing healing on their own retreat.

A non-refundable \$50.00 fee reserves a place for you. If you are unable to pay, please let us know and we will work with you. No one is ever turned away for financial reasons. A donation to cover the cost is suggested at the end of the retreat and each person is encouraged to pay according to their means. The donation is requested to cover your room, all retreat materials, meals and snacks.

The weekend is a lot of work but yields a fruitful harvest for all who are willing to labor there.

To learn more about Post Abortion Syndrome or Rachel's Vineyard Ministries, please see the national website at www.rachelsvineyard.org.

Rachel's Vineyard Retreat

(August 11-13, 2023)

Participant's Agreement

I, *(print full name)* _____, understand that by participating in the *Rachel's Vineyard* post-abortion healing retreat, I willingly commit to the following *(please initial after reading each item)*:

1. I will maintain absolutely confidential the names of all retreat participants, as well as the content of what is shared during our sessions together. _____
2. I understand that the retreat runs from 3:00pm Friday to 5pm Sunday. I commit to arriving on time to take part in the retreat's formal beginning at 3:30pm. _____
3. I understand that the spiritual orientation and theological grounding of *Rachel's Vineyard* is Christian, and specifically Roman Catholic. While I realize, I will in no way be expected to make any particular church commitment through my participation in this program, I do feel comfortable with and open to participating as fully as possible in the Catholic-Christian orientation of this program. _____
4. I understand that the chief focus of the retreat is spiritual and emotional healing. In no way does it constitute formal psychotherapy. The retreat team consists of a coordinator, 1-2 priests, past *Rachel's Vineyard* participants, and other volunteers who now labor in the vineyard on behalf of others. If I wish, I am free to pursue professionally licensed psychological assistance with a therapist of my choice before and/or after participating in this retreat. _____
5. I understand a there is a non-refundable registration fee of \$50.00, made payable by cash or check to "*Rachel's Vineyard Kansas City Missouri*" site. _____
6. I take seriously the strong recommendation that I participate in the follow-up reunion, and will make every attempt to attend that session. _____

I have read and agree to items one through six.

(Signature)

(Date)

Please initial each item, sign this agreement, and bring it with you to the retreat or mail to Teresa O'Donnell at 8101 E. 134th Terrace, Grandview, MO 64030. Thank you!

Rachel's Vineyard Retreat

Date you plan to attend:

Kansas City Area

Participant Information

Name _____
First Middle Last Prefer to be Called...

Address _____
Street City State Zip Code

Phone(s) _____
Include Area Code Home Cell Work (optional)

Email _____
Email Address

May we contact you by letter? ___Yes ___No by Email? ___Yes ___No

May we leave a message on your voice mail? ___Yes ___No

When is the best time(s) to call? _____any_____

The following questions are personal, but your answers will help us to understand where you are in your healing process and whether you have any special needs that we should be aware of.

Be assured that everything is kept in strict confidence.

Questions about family and personal support

1. How old are you? _____
2. What is your marital status? ___single ___married ___divorced ___widowed
3. Have you kept the abortion a secret? ___Yes ___No
4. If no, what other people in your life know about the abortion? Explain if or how they are helping you to deal with it.

5. If married, is your spouse the father or mother of the aborted child? ___Yes ___No
6. Would your spouse be interested in attending the retreat with you? ___Yes ___No
(We encourage your spouse, even if they are not the parent of the child, to attend if possible.)
7. How long has it been since your abortion? _____ How old were you at the time? _____
8. Have you lost any other children? ___Yes ___No If yes, how many? _____
Indicate the number of: ___ miscarriages ___ stillborn ___ abortions
9. Have you lost other family members? ___ Yes ___ No Who? _____
10. Do you have living children? ___ Yes ___ No How many and what are their ages?

Questions about your health

11. Have you had any counseling or therapy regarding the abortion? ____Yes ___No

12. How long ago? _____ Duration _____ Was the therapy helpful? ___Yes ___No

13. Are you currently seeing a psychiatrist? ____Yes ____No; or a counselor? ____Yes ____No

If yes, please fill in the following information:

Name of the professional _____

Address _____

State _____ Zip _____ Phone number _____

Do we have your permission to contact them if needed? ____Yes ____No

14. Have you ever been diagnosed with any emotional or psychological disorder(s)?

___Yes ___No If yes, what was the diagnosis? _____

15. Do you have any special needs (trouble with hearing, seeing, or mobility), medical or dietary needs that we should be aware of? Are you allergic to scents such as perfumes or flowers?

16. Please list all the medications that you take (name and dosage) _____

17. In case of emergency during the retreat, who should we contact?

Name _____ Phone _____

What is his/her relationship to you? _____

Physician's Name: _____ Phone _____

Other questions...

18. Would you like to share something about yourself? (i.e. any hobbies, special talents, about your work, pets etc.)

19. What religious faith are you? _____

You do not need to be Catholic or even Christian to participate in a Rachel's Vineyard Retreat. The retreat is Catholic in its presentation and you will have opportunities to attend Mass and to receive the sacraments.

20. How did you hear about this retreat? _____

21. Do you need financial assistance to attend this retreat? ____Yes ____No

How much are you able to pay? _____

22. Do you have any questions, comments or concerns? _____