

STUDENT APPLICATION

Elijah House Video School For Prayer Ministry

Circle ALL that apply: Mr. - Mrs. - Ms. - Miss. - Pastor - Widow - Single Parent			
Name		Spouse	
Address		Cell or Home Phone	
City		Work Phone	
Province		Fax	
Zip		Email	
Church		Occupation	Age

1. Which of the following books have you read?

- | | | |
|---|--|---|
| <input type="checkbox"/> Restoring the Christian Family | <input type="checkbox"/> Transformation of the Inner Man | <input type="checkbox"/> Healing the Wounded Spirit |
| <input type="checkbox"/> Waking the Slumbering Spirit | <input type="checkbox"/> Deliverance & Inner Healing | <input type="checkbox"/> Choosing Forgiveness |
| <input type="checkbox"/> Healing Women's Emotions | <input type="checkbox"/> The Elijah Task | <input type="checkbox"/> Renewal of the Mind |

2. Length of time attending this church? _____ Years _____ Months

3. How long have you been a Christian? _____ Yrs Date of Salvation _____

4. Please give a **brief account of when and how you became a Christian.**

5. How are you presently serving the Lord?

6. Are you presently ministering to others?

Yes [Lay/Church Lay/Private Professionally]

No If not, do you plan to do prayer ministry after completing this training? Yes No Don't Know

7. What is your primary reason for attending this school?

8. Are you receiving prayer ministry or counseling at this time? Yes No If so, briefly explain.

9. Have you or are you presently taking medication for any symptoms underlined in the following statement? Yes No If so, briefly explain._

Because we are dealing with the hearts of people, the school can, at times, be very intense. Personal responses to teaching and small group interaction may include, but are certainly not limited to some of the following: expression of anger, prejudices, resentments, apprehension, anxiety, insomnia, depression, dissociation, etc. Because of time restraints, all of your personal issues will not be dealt with during the course of the school. This is a life long process. However, we do give you the tools to pursue further healing, and you may want to pursue further ministry once the school is complete. If you feel there are already significant life issues that need to be addressed, ministry or counseling prior to your enrollment in the school is advisable and always beneficial. If you have been seeing a counselor, we ask that you discuss the school with them and receive their approval. (Their signature is required below)

I understand that my signature below testifies that all information provided is true, and that I agree to respectfully abide by the determination of Elijah House as to the suitability of my attendance at this time. I agree to indemnify and hold Elijah House and any host facility harmless for any of my personal responses to the teachings, small group ministry, and for any costs in time, travel, or other incidentals, should the school be canceled, my acceptance into the school delayed, or I am asked to discontinue the course to seek ministry before continuing at another time.

Applicant's Signature: _____ Date _____

Spouse's Signature _____ Date _____

(Spouse's Signature is required regardless of whether or not he/she is attending)

Counselor Name (if applicable): _____ Phone _____

Address: _____

City, State, Zip: _____

Please give your payment to your facilitator

Elijah House Training for Prayer Ministry
PASTORAL REFERENCE for Video School Student
CONFIDENTIAL - For Video School Facilitator use only.

CONFIDENTIAL: This form is confidential and for the Elijah House Video School **Facilitator** only.

[Student Applicant] _____ is applying to attend an Elijah House Video School for Prayer Ministry at (facility name) _____. We would appreciate your candid assessment of this individual's character qualities and spiritual gifting. Your comments are important. Please return this character reference directly to the student in a close envelope.

1. How long have you known the applicant? ____ yrs.

2. In what areas has the applicant served in your church? Are they a member? Yes No

Present: _____

Past: _____

3. How would you evaluate the applicant in the following areas?

(Circle #: 5 = strongest and 1 = weakest)

	HIGH	MEDIUM	LOW	DON'T KNOW	
Humility	5	4	3	2	1
Mournful over sin	5	4	3	2	1
Gentle; meek	5	4	3	2	1
Seeks to do things God's way	5	4	3	2	1
Merciful	5	4	3	2	1
Pure in heart	5	4	3	2	1
Peacemaker	5	4	3	2	1
Self-controlled	5	4	3	2	1
Heart for the lost	5	4	3	2	1
Cares for others	5	4	3	2	1
Integrity	5	4	3	2	1
Overall Spiritual Maturity	5	4	3	2	1

4. What areas in the applicant's life do you feel need development?

5. On a scale of 1 to 5, with 1 being the weakest and 5 being the strongest, how would you rate the applicant's working relationship to people who are in authority over them? _____

6. On a scale of 1 to 5, with 1 being the weakest and 5 being the strongest, how would you rate the applicant's working relationship to people who are under their authority? _____

7. Would you send someone "in need" to this person for prayer ministry? Yes No (If not, please explain why on the back of this sheet.)

I recommend. I recommend with this reservation I do not recommend

Signature: _____ Phone: _____ Date: _____

Print Name: _____ Position: _____

Church: _____ City, ST _____

(Please return to applicant in a sealed envelope.)

Elijah House Training for Prayer Ministry
STUDENT CHARACTER REFERENCE
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1. What is your relationship with the applicant? Length of relationship _____(yrs)

2. How would you evaluate the applicant in the following areas?

(Circle number: 5 = strongest and 1 = weakest)

	HIGH	MEDIUM	LOW	DON'T KNOW	
Humility	5	4	3	2	1
Mournful over sin	5	4	3	2	1
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Signature: _____ Date: _____

Print Name: _____ Relationship to Applicant: _____

Phone: _____ City, ST _____

(Please return to applicant in a sealed envelope.)

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5. On a scale of 1 to 5, with 1 being the weakest and 5 being the strongest, how would you rate the applicant's working relationship to people who are under their authority? _____

Signature: _____ Date: _____

Print Name: _____ Relationship to Applicant: _____

Phone: _____ City, ST _____

(Please return to applicant in a sealed envelope.)

LIABILITY WAIVER

As a condition of my acceptance into the Training for the Ministry of Prayer Counseling (MINISTRY TRAINING) offered by Wholeness Ministries with Elijah House, an Idaho non-profit corporation, and facilitated by _____ [Facilitator's Name], I understand and agree to the following:

I understand that the MINISTRY TRAINING using Elijah House curriculum is a very intensive course. As I am instructed and participate in small group interaction, some intimate issues in my life may be touched. I verify that I am attending the course to primarily receive training, not to receive personal ministry or healing for such issues. I indemnify and agree to hold the host facility, the facilitator, and Elijah House, Inc. staff, volunteers and its instructors, harmless for any of my personal responses to the teachings and small group time during the course of instruction.*

I certify by my signature below that if I recognize any significant personal issues requiring counseling, I will seek such counseling prior to taking this MINISTRY TRAINING course. In the even I am currently receiving counseling regarding personal issues, I certify that I have discussed with my counselor my interest in taking the MINISTRY TRAINING, and neither of us see any reason for me to refrain from participation. I am willing to have my counselor discuss this condition upon request by the facilitator or Elijah House Director of Training.

I submit my application to the facilitator and will abide by the determination of the host facility, facilitator, and Elijah House as to the suitability of my attendance at the MINISTRY TRAINING. I agree to indemnify and hold the facilitator, the host facility, and Elijah House harmless of any costs in time, travel, accommodations, or other incidentals should the MINISTRY TRAINING be canceled, or acceptance denied, or if I am asked to discontinue the course.

With the above considerations in mind, I prayerfully and carefully enter into this MINISTRY TRAINING, seeking to receive all that God has for me, in serving, as well as being served, and in ministering, as well as being ministered to, so that I may become better equipped for the work of service to the building up of the Body of Christ (Ephesians 4:12).

Student Full Name(print) : _____

Student Signature : _____ Date: _____

Counselor Name (if applicable): _____

Address: _____

Phone: _____

*(Although uncommon in most students, these responses might include, but are not limited to: the acting out of anger, judgment and resentment; depression; anxiety; dissociation; apprehension; insomnias. Please see the course information to determine types of issues covered that might elicit other responses.)

Please return this reference to the facilitator
Do not send this to Elijah House