

**Training School 202 – Spring of Hope
STUDENT APPLICATION**

Elijah House Training for Prayer Ministry

CONFIDENTIAL: This form is confidential and for facilitator of an Elijah House school only.

Circle ALL that apply: Mr. - Mrs. - Ms. - Miss. - Pastor - Widow - Single Parent - Non U.S. Citizen			
Name		Spouse	
Address		Home Phone	
City		Work Phone	
State		Fax	
Zip		Email	
Church		Occupation	Age

- Length of time attending present church? _____ Years _____ Months
- Are you presently ministering to others? Yes No
 If Yes, in what capacity: Lay/Church Lay/Private Professionally
 If No, will you be doing prayer ministry after completing this training? Yes No Don't Know
- How are you presently serving the Lord?
- What is your primary reason for attending this school?
- Are you receiving ministry or counseling at this time? Yes No If so, briefly explain.
- Have you or are you presently taking medication for any symptoms underlined in the following statement? Yes No If so, briefly explain.

(Please refer to statement on back of form – Signatures are required on back.)

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 is certainly not limited to, some of the following: expression of anger, prejudices, resentments, apprehension, anxiety, insomnia, depression, dissociation, etc. Due to 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 counsel 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 your counselor and receive their approval. (Signature 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 and Spring of Hope Ministries as to the suitability of my attendance at this time. I agree to indemnify and hold Elijah House, Spring of Hope Ministries and any host facility harmless for any of my personal responses to the teachings and small group ministry, and for any costs in time, travel, or other incidentals, should the school be canceled, my acceptance be 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: _____