

IMPORTANT

Please have your personal reference and your pastoral reference each fill out the reference sheet and return it to you in a sealed envelope.

DO NOT SEND TO ELIJAH HOUSE!

Please return application, pastoral reference, personal reference, and payment all at the same time to:

**The Rock Family Worship Center
Attention Elijah House.**

Elijah House 201 Application

Elijah House Facilitated Video School For Prayer Ministry

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

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 your 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 return application package, including references and payment
to: The Rock Family Worship Center, Attn: Elijah House.**

Elijah House Training for Prayer Ministry
PASTORAL REFERENCE for Facilitated Video School Student
CONFIDENTIAL - For 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 Facilitated 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 sealed 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)

	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.)

8. Do you recommend them to attend the facilitated school?
 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
CONFIDENTIAL – For 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 Facilitated 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 sealed envelope.

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	<input type="radio"/>
Mournful over sin	5	4	3	2	1	<input type="radio"/>
Gentle; meek	5	4	3	2	1	<input type="radio"/>
Seeks to do things God's way	5	4	3	2	1	<input type="radio"/>
Merciful	5	4	3	2	1	<input type="radio"/>
Pure in heart	5	4	3	2	1	<input type="radio"/>
Peacemaker	5	4	3	2	1	<input type="radio"/>
Self-controlled	5	4	3	2	1	<input type="radio"/>
Heart for the lost	5	4	3	2	1	<input type="radio"/>
Cares for others	5	4	3	2	1	<input type="radio"/>
Integrity	5	4	3	2	1	<input type="radio"/>
Overall Spiritual Maturity	5	4	3	2	1	<input type="radio"/>

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

4. 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? _____

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.)