

IMPORTANT

Please have your pastoral reference 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 envelope and tuition money (unless paid on-line) all at the same time to:

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

Elijah House 202 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"/> Transforming the Inner Man | <input type="checkbox"/> Letting Go of your Past | <input type="checkbox"/> God's Power to Change |
| <input type="checkbox"/> Growing Pains | <input type="checkbox"/> Deliverance & Inner Healing | <input type="checkbox"/> Why Good People Mess Up |
| <input type="checkbox"/> Healing Victims of Sexual Abuse | <input type="checkbox"/> Choosing Forgiveness | <input type="checkbox"/> Renewal of the Mind |
| <input type="checkbox"/> Waking the Slumbering Spirit | <input type="checkbox"/> Healing Women's Emotions | <input type="checkbox"/> The Elijah Task |

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.

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 and resentments; apprehension, anxiety, insomnia, depression, dissociation, etc. **Note:** If a crime is confessed in small group during the course of the school, the facilitator/leader of your small group will need to report it to the director/ facilitator of the school. The director/facilitator of the school in accordance with the laws of your state may need to report it to the proper authorities. Because of time restraints, all of your personal life 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 your counselor and receive their approval. (Their signature required below)

Having accepted the school enrollment information and requirements outlined in this application and the Elijah House Live School Booklet, I respectfully submit my application. 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 and small group time during the school. I also agree to indemnify and hold Elijah House and any host facility harmless for any costs in time, travel, accommodations, 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.

I understand that my signature testifies that all information provided is true, that I accept the terms of enrollment, and will provide sufficient funds in a timely manner for my participation in the school.

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 Basic II 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 a Basic II 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 #: 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. What areas of strength do you see in the applicant’s life?

6. Would you send someone “in need” to this person for prayer ministry? Yes No

7. Do you recommend them to attend the Basic II 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.)