

WHOLENESS THROUGH CHRIST
PRAYER MINISTRY COURSE (PMC) APPLICATION (not First Time, not School)
(Note: Incomplete applications will be returned for completion before processing)

NAME (First and Last) _____ (Rev/ Dr/ Mr./ Mrs./ Miss / Ms.)

ADDRESS _____

CITY _____ PROV / STATE _____ POSTAL / ZIP CODE _____

PHONE. () _____ CELL () _____

E-MAIL _____ DATE OF BIRTH yyyy-mm-dd _____

I wish to apply for the following course: **Give date and location**

First choice: _____ Second choice: _____

Do you have any dietary or health conditions that need to be accommodated?

Dietary (e.g., food allergies, diabetic, etc.): _____

Medical/physical (e.g., hearing, visual, physical or mobility impairment; pregnant; light sleeper; snorer, etc.)

Health care card number: _____

Emergency contact: Name _____

Relationship _____ Phone _____

Pastor's / Priest's Name _____ Name of church _____

Address of church _____

City: _____ Prov / State _____ Postal / Zip Code _____

I have changed churches since my last course. YES / NO

I have discussed my application with my pastor / priest. YES / NO

PREVIOUS COURSES (C) OR SCHOOLS (S) ATTENDED (use back of sheet if more space required)

<u>C/S</u>	<u>Dates (Yr/Mo)</u>	<u>Names of your prayer ministers</u>

Applications received three months or more prior to the Course are entitled to a \$50 early-bird discount. There is a \$100 surcharge for applications received less than one month prior to the Course.

Receipt of your application will be acknowledged by e-mail.
Please do not submit payment until your application is confirmed.

E-MAIL COMPLETED APPLICATION TO:
Administrator@WholenessThroughChrist.com

PRAYER MINISTRY COURSE (PMC) APPLICATION

NAME (First and Last) _____ (□Rev/ □Dr/ □Mr./ □Mrs./ □Miss / □Ms.)

Please answer the following as completely as you can, as this information is used by the Course Leader when planning the prayer ministry appointments. If you need to, use a separate sheet. **PLEASE PRINT OR WRITE LEGIBLY.**

1. Describe briefly your present church involvement. What gifts of the Spirit are you using?
2. Briefly summarize the main pattern(s) dealt with in your last PMA.
3. Do you feel they were adequately covered in prayer?
4. How successfully do you feel you are walking out your healing? Please comment on areas where you don't feel you have made progress.
5. Who, if anyone, has helped you in walking out your healing?
6. Has the Lord revealed any new areas or patterns of brokenness since your last ministry?
7. Are there any other comments that you feel might help those who will pray with you?
8. Describe briefly your understanding of the use of WTC principles.
9. In what ways have you been able to use the principles of WTC in your own life. (e.g., prayers, family, work, church etc.)

SIGNATURE _____ DATE yyyy-mm-dd: _____

By checking this box, I agree that my typed signature above represents my signature as though it was penned.

WHOLENESS THROUGH CHRIST

PRAYER MINISTRY COURSE

A STATEMENT OF UNDERSTANDING

I understand that the Wholeness Through Christ ministry team is offering prayer ministry by faith along with personal encouragement. They are not offering services as professional or licensed counsellors, therapists, medical or psychological practitioners.

I acknowledge that I am attending voluntarily and free to leave at any time.

I indemnify and agree to hold the host facility, Wholeness Through Christ and the WTC ministry team members harmless for any of my personal responses to the teachings and ministry I receive.

_____ Please check box and initial to indicate you have read and accept the above information.

Applicant Signature: _____

By checking this box, I agree that my typed signature above represents my signature as though it was penned.

Applicant Name (please print): _____

Date (yyyy-mm-dd): _____