

# **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 <b>ALL</b> 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 currently? ☐ 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 your personal issues will not be dealt with during the course of the school. This is a lifelong 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 he/she is attending)

Counselor Name (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Please mail or deliver your application to Spring of Hope Office**

Spring of Hope Ministry  
230 S. Potomac St.  
Suite C  
Waynesboro, PA 17268

