

Agape Prayer Ministry School Registration Form

(must be received three weeks prior to School)

***The "Background and Experience Profile" must accompany this form.*

Name: _____

Address: _____

Phone: _____ E-mail: _____

Church: _____

Registration Type: (Please make checks payable to Agape Prayer Ministry School)

\$75 (all meals included)

\$50 (fasting)

Full amount enclosed

\$25 non-refundable deposit enclosed; balance to be paid at start of School

Housing:

None needed Thursday night Friday night

Please provide me with a list of local motels

I am attending, and could offer housing to someone from out of the area

When your application is approved, you will receive a confirmation letter (prior to the School).

Cancellations will not be accepted within two weeks of the School, except in cases of emergency.

Refunds cannot be guaranteed, due to advance planning for meals.

Background and Experience Profile for First-Time Attendees

If you have not attended an Agape Prayer Ministry School before, please complete and return this form with your registration.

Name: _____

<i>For the registrant to complete:</i>	Yes	No
Are you born again in Jesus Christ? (How long? ____ years)	<input type="checkbox"/>	<input type="checkbox"/>
Is it your desire that God use you in prayer ministry?	<input type="checkbox"/>	<input type="checkbox"/>
Do you believe that God is calling you to prayer ministry in your church?	<input type="checkbox"/>	<input type="checkbox"/>
Do you and your pastor agree concerning your call to this ministry?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have sufficient time to give to prayer ministry in your church?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a member in good standing in your congregation?	<input type="checkbox"/>	<input type="checkbox"/>
Are you peacefully open to the full working of the Holy Spirit?	<input type="checkbox"/>	<input type="checkbox"/>
Are you open to the gifts of the Spirit (1 Cor. 12) working through you as God leads?	<input type="checkbox"/>	<input type="checkbox"/>
Do you believe that you manifest faithfulness, diligence, discretion, confidentiality, and other fruit of Christian maturity?	<input type="checkbox"/>	<input type="checkbox"/>
Have you read <i>Healing for Damaged Emotions</i> by David Seamands?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever personally received an Agape Prayer Ministry session?		
Who did the ministering? _____	<input type="checkbox"/>	<input type="checkbox"/>
When was the session? _____		
Have you had any other types of counseling in the past?		
Explain briefly what type and when: _____	<input type="checkbox"/>	<input type="checkbox"/>

• What are your primary ministry roles in your local congregation? (e.g., pastor, elder, intercessor)		

<i>For the pastor to complete:</i>	Yes	No
Are you a trained Agape Prayer Minister?	<input type="checkbox"/>	<input type="checkbox"/>
Have you attended an Agape Prayer Ministry School (or plan to attend this one)?	<input type="checkbox"/>	<input type="checkbox"/>
Do/will you provide oversight for Agape Prayer Ministry in your church?	<input type="checkbox"/>	<input type="checkbox"/>
Do you commend this applicant as someone gifted for or called to prayer ministry in your congregation?	<input type="checkbox"/>	<input type="checkbox"/>
Has this applicant read <i>Healing for Damaged Emotions</i> and either received or observed an Agape Prayer Ministry session (prerequisites for attending the School)?	<input type="checkbox"/>	<input type="checkbox"/>

Pastor's Signature: _____