

## CONFIDENTIAL APPLICATION FOR PERSONAL PRAYER MINISTRY

Thank you for your inquiry. Reading and filling out this application will only take a short time to complete. If you have any questions, you can contact us at [info@personalprayerministry.com](mailto:info@personalprayerministry.com)

### **Description of Personal Prayer Ministry**

Personal Prayer Ministry is a blended approach to Christian ministry for individuals of all backgrounds who are seeking focused *spiritual* help to overcome life's hurts, in a gentle, compassionate manner. Ministry areas include discussion and healing prayer into the foundational areas of one's life: generational/family of origin issues, core beliefs, emotional wounding and release from oppression. Personal Prayer Ministry also employs focused questions and "listening prayer," to unveil negative core beliefs, their resulting "structures" and life patterns, and then to subsequently replace ungodly core beliefs with empowering truths revealed by God. This is similar to what some have called "Pastoral Care Prayer Healing" or "Prayer Counseling." Further information is posted at our web site at the following link: [www.personalprayerministry.com](http://www.personalprayerministry.com)

This Microsoft Word application form, applicable to both "in person" and Skype/telephone clients, helps us to identify issues more accurately and quickly, reducing your time investment. Information is treated confidentially. Our desire is to be as warm and personal as possible. However, we also need to satisfy legal requirements by addressing certain waivers. So please read the entire application, and if you find it satisfactory, please complete and sign it, indicating that you understand and agree to the conditions. We only need significant highlights and patterns, not your whole life history. Here is how to complete and send it: Just click on the expandable shaded boxes to fill in the form or click appropriate checkboxes.

### **To Send Pages 2-4 By EMAIL:**

- Fill in pages 2-3 on your computer, print page 4, sign and date the waiver, scan or take a clear photo, and attach it to an email, with pages 2-3, sending it to us at: [info@personalprayerministry.com](mailto:info@personalprayerministry.com))
- If you cannot sign and scan/photo the waiver on page 4, then either mail it, fax it, or bring it with you if meeting in person.

### **To Send Pages 2-4 By POSTAL MAIL:**

- Print out pages 2-4, and fill in manually and legibly
- Please mail to:

*Personal Prayer Ministry  
c/o Rev. Roger & Sheila Rayner  
206 Castlefrank Road  
Kanata, ON K2L 1T5 Canada*

### **To Send Pages 2-4 by FAX:**

- You may also fax pages 2-4 to us
- Email or call first by voice at 613-836-9940 during North American Eastern Time 9-5 business hours, so we can set the fax machine) (International prefix 00 1 outside Canada / U.S.)

### **To Bring Pages 2-4 PERSONALLY:**

- Print out pages 2-4, and fill in manually and legibly. Bring them to your first session (though sending before your appointment saves session time by allowing us to prayerfully discern beforehand)
- If you decide that you prefer to complete the form online, it can be done at our web site at: <http://www.personalprayerministry.com/appointments>

*CONFIDENTIAL APPLICATION FOR PERSONAL PRAYER MINISTRY*

Name:		Address:	
City:		Province/State:	
Country:		Postal Code/ZIP:	
Home phone:	Cell phone:	Work phone:	
Email Address:			
Your date of birth (mm/dd/yyyy):		Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Single: <input type="checkbox"/>	Married: <input type="checkbox"/>	Separated: <input type="checkbox"/>	Divorced: <input type="checkbox"/>
Widowed: <input type="checkbox"/>	Remarried: <input type="checkbox"/>		
Presently living with: Spouse: <input type="checkbox"/>			
Parents: <input type="checkbox"/>			
Alone: <input type="checkbox"/>			
Other: <input type="checkbox"/>			
Occupation:		Hours worked per week:	
Employed by:			
Spouse's name:		Date of birth (mm/dd/yyyy):	
Children (name, age):			
Your church:			
Referred here by:			
Preferred appointment day/time:			
Session type desired: In person: <input type="checkbox"/>			
Via Skype: <input type="checkbox"/>			
Via Telephone: <input type="checkbox"/>			
What is the primary reason(s) you are seeking ministry?			
<i>Please check any of the following conditions that apply to you:</i>			
<input type="checkbox"/> Headaches	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Fainting Spells	
<input type="checkbox"/> Palpitations	<input type="checkbox"/> Stomach trouble	<input type="checkbox"/> No appetite	
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Nightmares	
<input type="checkbox"/> Flashbacks	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Tense	
<input type="checkbox"/> Panic attacks	<input type="checkbox"/> Depressed	<input type="checkbox"/> Suicidal thoughts	
<input type="checkbox"/> Sexual problems	<input type="checkbox"/> Unable to make decisions	<input type="checkbox"/> Lonely	
<input type="checkbox"/> Shyness	<input type="checkbox"/> Can't keep a job	<input type="checkbox"/> Marital Problems	
<input type="checkbox"/> Inferiority	<input type="checkbox"/> Outburst of tears	<input type="checkbox"/> Anger	
<input type="checkbox"/> Jealousy	<input type="checkbox"/> Fear	<input type="checkbox"/> Rejection	
<input type="checkbox"/> Financial problems	<input type="checkbox"/> Shame	<input type="checkbox"/> Addictions	
<input type="checkbox"/> Other:			

CONFIDENTIAL APPLICATION FOR PERSONAL PRAYER MINISTRY

How would you describe the atmosphere in your family of origin?:
Describe your childhood relationship with your father:
Describe your childhood relationship with your mother:
Did your mother have an easy or difficult pregnancy with you?:
Primary caregiver, ages 0 – 6:
Siblings: How many brothers?:                      How many sisters?:                      Your birth order:
Describe your childhood relationship with your siblings:
<i>Significant Past Events:</i>
At School/College:
Sicknesses:
Injuries:
Hospitalizations:
Physical challenges:
Regrets/Failures:
Deaths:
Verbal or emotional abuse:
Physical abuse:
Sexual abuse:
Divorces:
Other:
Who have you seen previously for counselling?:
Have you had a medical checkup in the past year?:
Are you currently on any medication?:
Drug/alcohol/other addictions: Self: Family:
Is there any occultic or Masonic involvement in your family background?:
Have you had any significant events, dreams or emotional upsets lately?:

## WAIVERS FOR PERSONAL PRAYER MINISTRY

### Waiver of Liability

- I declare that I am entering into this ministry arrangement of my own free will.
- I understand that during these ministry sessions I may be confronting inner feelings and emotions, which could cause emotional pain.
- I understand that I will be seeing trained Personal Prayer Ministers who will listen, support, encourage, pray with, and minister to me, to help me overcome my problems and to grow in my Christian life. I accept that they are not licensed psychologists (although they may or may not belong to a counselling association), and that they minister according to principles of the Christian Bible.
- I understand that, at any time, either myself, or my Personal Prayer Ministers may refuse to engage in further communications and/or ministry and be free to terminate sessions with no further ministry, or obligation on anyone's part.
- I accept that I may be referred to other sources of ministry or counselling.
- I acknowledge that all ministry is happening in the region of Ottawa, Canada for all legal purposes
- I acknowledge that ministry is under the direction and control of the Holy Spirit, and that no guarantees are made, nor can be made, by anyone or any organization, that I will or will not receive any particular healing. Thus, I waive all rights to claims of liability.

### Waiver of Confidentiality

- I am aware that all statements that I shall make are of a confidential nature, including all written information, and that ethically this may not be disclosed without my written consent.

*However, I waive my right to "complete" confidentiality in the following situations:*

- I accept and acknowledge that Pastors, Counselors, Personal Prayer Ministers or any other persons involved in working with individuals in a helping setting, are either encouraged or required by law to disclose to the appropriate authorities, any harm or potential harm that a person may attempt or desire to do to himself/herself (such as suicide), or to others.
- I accept and acknowledge that they are also required to report any reasonable suspicion of abuse that has been done, or that is currently being done to a minor child.

By my signature I acknowledge that I have read and accept the *Waiver of Liability* and *Waiver of Confidentiality*, and that I accept the stated conditions and limits of liability and confidentiality.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ (can be done in person, if necessary)

*Please either scan/email, mail, fax, or bring this signed waiver, along with pages 2-3 to:*

*Personal Prayer Ministry  
c/o Rev. Roger & Sheila Rayner  
206 Castlefrank Road  
Kanata, ON K2L 1T5 Canada*

*Fax: 613-836-9940 (to set up faxing, first call during North American Eastern Time business hours between 9 a.m. - 5 p.m., or email to: [info@personalprayerministry.com](mailto:info@personalprayerministry.com), before faxing.*

## TERMS OF PERSONAL PRAYER MINISTRY

*(You may keep these pages except for pages 2-4, which are to be mailed, scanned, emailed, faxed or brought)*

1. All applicants for Personal Prayer Ministry must read and sign the *Waiver of Liability* and *Waiver of Confidentiality*.
2. The number of sessions varies, depending on the situation. We normally schedule bi-weekly sessions, as often assignments are given, to be completed between appointments. Sessions are normally 2 hours (optionally up to 2.5 or 3 hours at additional cost). Appointments are booked Monday evenings through Friday mornings, at 10 a.m., 2:00 p.m. or 7 p.m, Eastern time (UTC -0500).  
Unless a series of appointments are booked (recommended to maintain continuity), appointments are arranged on a "first come, first served" basis. Clients are welcome to have a caring support person present (*mandatory for those with any suicidal ideations desiring sessions via telephone/Skype*). For telephone sessions, a headset is more comfortable than holding the phone; speakerphones often are not clear enough to hear easily at both ends. For Skype, a headset may give clearer communication.
3. Individuals from many different churches apply for ministry. However, we are not part of a salaried church staff nor are we funded by any other organization, so unfortunately, we are not able to negotiate fee structures. Churches will often subsidize needy applicants for a few sessions. We intentionally keep our fee structure lower than normal to accommodate those who are struggling financially. However, we do welcome gifts above the normal fees from those who wish to help subsidize individuals who are less able financially.
4. The fee is \$120 for a standard two-hour session. Optional over hours are billed to the half hour (2.5 hours or 3 hours maximum for one session). *(Please note: most insurance companies do not cover pastoral ministry sessions.)*

For clients meeting in person: cash or cheques made out to Roger & Sheila Rayner are acceptable, although we prefer bank e-transfers such as *Interac*.

For Skype/telephone clients: fees can be paid via bank e-transfers or PayPal's secure service (which accepts credit cards even if you are not a PayPal member). After your session, an invoice will be emailed to you with the appropriate web link to click on for payment.

5. At least 24 hours notice is required for cancellation of single sessions, and 3 business days notice are needed to cancel full day sessions. Unless there are medical or extraordinary circumstances, not giving sufficient notice is subject to a one hour fee, per missed session.

Telephone: (613-836-9940) Email: [info@personalprayerministry.com](mailto:info@personalprayerministry.com)

Rev. Roger & Sheila Rayner, 206 Castlefrank Road, Kanata, ON, K2L 1T5, Canada

*We will make a significant commitment to you, as we schedule our time to be available to you, as we pray, prepare, and then minister to you. It is expected that you will be committed to obtaining the maximum benefit possible from your ministry time. You can facilitate this by being on time and by completing any assignments. Most of all, it is expected that you will have a sincere desire to overcome whatever difficulties you are struggling with. Regular prayer and Bible meditation will also facilitate this process. We may assist in finding ongoing support in situations where it could be beneficial, or appropriate referral resources if we sense that someone else is better equipped to minister to you.*

*For sessions in person, refraining from perfumes/colognes would be appreciated as some of our clients have allergies. We would also ask that you turn off your cell phones during sessions unless absolutely necessary.*