



"I will make rivers flow on barren heights, and springs within the valleys." IS 41:18 NIV

## Prayer Ministry Form

One of the most important decisions we can make is to get real with God - about our needs and His answers. The best way to get real is to be in a supportive local church where you are loved as you are, yet are also challenged in your areas of weakness and need. In addition, your pastor may recommend you seek prayer ministry. This information is intended to help you find the right ministry for your needs.

We have a listing on our website at [www.springsofhope.org](http://www.springsofhope.org) of ministries we are aware of that offer prayer ministry. It is not a complete listing, but is intended to assist you in finding help. Please read the disclaimer and consult with your pastor when using this listing.

### Prayer Ministry with Springs of Hope Ministries

To request ministry please complete our Ministry Request Forms and send them, with your application fee of \$50, to our office. We will then prayerfully seek to refer you to the most appropriate ministry team. The team will contact you to arrange the timing and location of your ministry sessions. Many sessions take place at Springs of Hope Ministries, but other teams minister from home, or their home church. We even have teams who are willing to travel to churches to minister to the leaders there.

When we refer you to a ministry team, you should expect to take two to three days for your ministry sessions, with each day typically having five 50 minute sessions. Different ministry teams may have different financial guidelines but our recommended minimum donation for ministry is \$55 per 50 minute session.

To prepare for your ministry time we ask you to have read Jack Frost's book "Experiencing The Father's Embrace" and to have listened to the teaching series "Breaking Free." You can do this before or after requesting ministry.

For more information, or to request forms, call (843) 546-3227, or email: [info@springsofhope.org](mailto:info@springsofhope.org). Forms can also be downloaded from our website at [www.springsofhope.org/whatweoffer.html](http://www.springsofhope.org/whatweoffer.html).

Prayer Ministry  
Spirings of Hope Ministries  
619 Rosemary Street  
Georgetown, SC 29440

## Springs of Hope Ministries (SOHM) Prayer Ministry Referral Policies

1. You can request ministry by returning these forms to our office, with a check for \$50 (application fee) payable to SOHM. We will then pray over your request and seek to refer you to the most suitable ministers. You will then be contacted by the ministers to arrange a time for ministry.
2. We require the approval of your pastor before we refer you to one of our ministry teams. Please have your pastor sign the bottom of this form indicating approval. If you are a senior pastor you may have your pastoral oversight sign the form, or you may simply write "Senior Pastor" in that space.
3. During your prayer ministry session, you will be given an opportunity to discuss issues in your life that you feel are hindering you from truly walking in God's Love. Our prayer ministers are **not professional counselors**. They will be praying over you in detail with the knowledge and faith resulting from their own experiences of emotional healing.
4. Prayer ministry sessions will not be a place to air any problem(s) that you perceive you might have with your local church or any of its leaders. Please understand that prayer ministers will not normally listen to these problems, but will immediately refer you to your pastoral staff. If your individual circumstances warrant, we will discuss these issues with prior approval from your pastor. Our goal, however, is always to focus on your issues, not theirs.
5. All ministry team members and Springs of Hope staff adhere to strict confidentiality. We will not discuss your case with anyone, including the pastoral staff of your church, except by your verbal permission or unless required by law (see Release of Liability overleaf).
6. Prayer ministry sessions are scheduled in advance, by the prayer ministers, in 50 minute sessions. Please keep your appointment, except in the case of emergency or sickness. If you must cancel your appointment, please do it as early as possible, so that the ministers are available to minister to someone else. If you fail to show up for your appointment without notice, you will be responsible in full to the ministers for the sessions booked. If you are late for your appointment, the amount of time you are late will count as part of your sessions.
7. We ask that you make a contribution to the support of the ministers who offer you this ministry. Different ministers have different guidelines, but we ask you to contribute a minimum of \$55 for each 50-minute block of ministry. We encourage your local church to pay this for you as a scholarship, or we suggest that you ask a friend or mentor to help with the cost. Please come prepared to make your contribution (in cash or by check only please) at the conclusion of your session unless you have agreed on other arrangements with the ministers in advance.
8. To prepare for your ministry time we ask you to have read Jack Frost's book "**Experiencing The Father's Embrace**" and to have listened to the teaching series "**Breaking Free.**" You can do this before or after requesting ministry.

When you return the forms please check the following:

- You have signed this page agreeing to these policies, and enclosed a check for \$50 payable to Springs of Hope Ministries.
- Your pastor has signed this page giving approval for you to come for ministry
- You have signed the acknowledgement and release form overleaf in the presence of a witness who also signs the form

- You have completed the Life History with information on your background and any current issues you wish to address in the ministry sessions.
- You have read "Experiencing the Father's Embrace" and listened to "Breaking Free" or will do so **BEFORE** your ministry sessions.

We prefer not to schedule sessions for those under medical treatment for depression or schizophrenia until we have reviewed the situation. Are you taking medication for either of these? Yes \_\_\_ No \_\_\_  
If yes – please send information on the treatment, including how long you have taken medication and results of treatment.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Signature \_\_\_\_\_

Church Name \_\_\_\_\_ Church Phone \_\_\_\_\_

For Springs of Hope use: Prayer Minister's \_\_\_\_\_

### **Acknowledgement**

I \_\_\_\_\_ understand that Springs of Hope Ministries is not a therapy center and that those who minister at Springs of Hope Ministries are not psychologists or psychotherapists or medical doctors, but Christians who offer Christian prayer ministry and healing in the name of Jesus Christ that includes the whole range of healing ministry as based on the ministry of Jesus Christ as recorded in the New Testament.

I am fully aware that this is a Christian based ministry which believes the Bible is the Word of God and that the Bible will be the authority upon which my prayer ministry and healing will be based.

I declare that I come into this ministry arrangement willingly and of my own free will.

I understand that during these ministry sessions I will be confronting my inner feelings and emotions, which could cause emotional pain.

I understand that, at any time, either Springs of Hope Ministries or its representatives or I may refuse to engage in further communication/ministry and be free to terminate my sessions with no further ministry or obligation to Springs of Hope Ministries, or its representatives.

### **Release**

I \_\_\_\_\_, in consideration of the ministry to be provided and being of age of majority do hereby release Springs of Hope Ministries, it's directors, officers, staff, and representatives from any and all claims, causes of actions, suits and actions arising out of or in any way connected with the ministry provided by Springs of Hope Ministries, its directors, officers, staff or representatives and I further agree to indemnify the aforementioned from any and all claims including cost, as a result of any proceeding initiated or commenced whereby any of the aforementioned persons are named to such an extent as the proceedings relate to ministry provided to myself.

I have read the acknowledgment and release carefully and have had the opportunity to seek counsel in advance of signing this form.

Signature of Applicant: \_\_\_\_\_

Your signature must be witnessed by someone other than a family member, Springs of Hope staff member, or director.

Signature of witness: \_\_\_\_\_ Date: \_\_\_\_\_

Name of witness: \_\_\_\_\_

Address of witness: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

# LIFE HISTORY

## PURPOSE

The purpose of this life history is to obtain a comprehensive picture of your background. By completing these questions as fully and accurately as you can, you will enable us to refer you to the most appropriate ministers and facilitate your ministry sessions.

It is understandable that you might be concerned about what happens to the information about you, because much or all of this information is highly personal. This information is strictly confidential and will only be seen by the SPM prayer ministry coordinators and your ministers. **No outsider, not even your closest relative or family doctor is permitted to see your information without your written permission. *The Life History pages will be returned to you at the end of your ministry sessions.***

**IMPORTANT:** If some particular question does not apply to you, simply write "N/A":

Date \_\_\_\_\_

## I. GENERAL INFORMATION

Name \_\_\_\_\_ Email address \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Occupation \_\_\_\_\_

Church \_\_\_\_\_ Attendance (circle one) Regular Occasional Never

With whom are you now living? (List people, their names, ages, and occupations. If they are students, indicate what grade.)

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List 3 people not mentioned in the answer above who are important to you – people who are your closest friends. First names only will be fine.

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Marital Status: (circle one) Single Engaged Married Separated Remarried Divorced Widowed

How strongly do you want help with your current need? (circle one)

Very much                      Much                      Moderately                      Could do without, if necessary

**II. YOUR CURRENT NEED**

You can help us save time by explaining in your own words some things about your current need. Please be as specific as possible. A few particular examples of how the problem comes up would be valuable.

State in your own words the nature of your chief concern: \_\_\_\_\_

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If your problem is something that you think happens too often, state approximately how often it occurs, how long it lasts, and any other information you feel might be helpful in understanding your problem.

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If your problem is concerned with something not happening as often as you would like, state what you would like to see happen more often, how often you think it should occur, etc.

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Are any of the people you listed in Section I important in some way with your problem?

YES                      NO

If yes, please mention specific ways – both good and bad points should be mentioned, if possible.

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With whom have you talked about your problem? \_\_\_\_\_

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**III. DEVELOPMENTAL INFORMATION**

Date of birth and place \_\_\_\_\_

Approximately how many times did your family move when you were young? \_\_\_\_\_

Since you left your parental home? \_\_\_\_\_ Your age when you left? \_\_\_\_\_

Childhood:

Mother's condition during pregnancy (as far as you know)

\_\_\_\_\_

Underline any of the following that apply during your childhood:

Night terrors    Bed-wetting    Sleep-walking    Thumb-sucking    Nail-biting    Stammering    Fears

Happy childhood            Unhappy childhood

Health:

Health during childhood: \_\_\_\_\_

List childhood illnesses: \_\_\_\_\_

Health during adolescence: \_\_\_\_\_

List adolescent illnesses: \_\_\_\_\_

Any physical disabilities? \_\_\_\_\_

If so, how related to your present problem? \_\_\_\_\_

Any surgical operations? Please list them, and at what age they occurred:

\_\_\_\_\_

\_\_\_\_\_

When was the last time you felt well, both physically and emotionally, for a fair amount of time?

\_\_\_\_\_

Underline any of the following that apply to you: Headaches; Dizziness; Fainting spells; Palpitations; Stomach trouble; No appetite; Bowel disturbances; Fatigue; Insomnia; Nightmares; Take Sedatives; Alcoholism; Feel tense; Feel panic; Tremors; Depressed; Suicidal thoughts; Drugs; Unable to relax; Sexual problems; Unable to have a good time; Don't like weekends and vacations; Over-ambitious; Shy with people; Can't make friends; Feel lonely; Can't make decisions; Can't keep a job; Inferiority feelings; Home conditions bad; Financial problems.

Other: \_\_\_\_\_

#### IV. AVOCATIONAL INTERESTS

Games and interests during childhood: (including make-believe) \_\_\_\_\_

\_\_\_\_\_

Interests and hobbies during adolescence: \_\_\_\_\_

\_\_\_\_\_

Present interests, hobbies, activities, organizations: \_\_\_\_\_

\_\_\_\_\_

How is most of your free time occupied? \_\_\_\_\_

\_\_\_\_\_

#### V. EDUCATION

Last grade you completed: \_\_\_\_\_

Degree(s): \_\_\_\_\_

Dates(s): \_\_\_\_\_

Relationship to school mates: \_\_\_\_\_

Scholastic abilities & disabilities: \_\_\_\_\_

Were you ever bullied, or given a nickname? Please explain briefly \_\_\_\_\_

\_\_\_\_\_

Do you make friends easily? Do you keep them? \_\_\_\_\_

\_\_\_\_\_

#### VI. OCCUPATION

Age when you started working: \_\_\_\_\_

Jobs held (in chronological order and reasons for change): \_\_\_\_\_

\_\_\_\_\_

How long employed in present job? \_\_\_\_\_

Does your present work satisfy you? (If not, in what ways are you dissatisfied?) \_\_\_\_\_

\_\_\_\_\_

Ambitions and aspirations: \_\_\_\_\_



**VII. SEX INFORMATION**

Parental attitudes toward sex. (For example, was there sex instruction or discussion in the home?)

\_\_\_\_\_

When and how did you derive your first knowledge of sex? \_\_\_\_\_

When did you first become aware of your sexual impulses? \_\_\_\_\_

Did you ever experience any anxieties or guilt feelings or trauma arising out of masturbation? If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Did you ever experience any anxieties or guilt feelings or trauma arising out of sexual experience with the opposite sex? If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Did you ever experience any anxieties or guilt feelings or trauma arising out of sexual experience with the same sex (homosexuality)? If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Is there any question or concern you have about sex past, present, or future, or sexual identity?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VIII. MARITAL HISTORY (Present Marriage)**

How long did you know your marriage partner before engagement? \_\_\_\_\_

For how long were you engaged? \_\_\_\_\_ How long have you been married? \_\_\_\_\_

Please describe something of what you liked and disliked about your mate:

What I liked the first few years: \_\_\_\_\_

\_\_\_\_\_

What my mate liked the first few years: \_\_\_\_\_

\_\_\_\_\_

What my mate disliked the first few years: \_\_\_\_\_  
\_\_\_\_\_

What I have liked the last few months: \_\_\_\_\_  
\_\_\_\_\_

What I have disliked the last few months: \_\_\_\_\_  
\_\_\_\_\_

What my mate has liked/disliked the last few months: \_\_\_\_\_  
\_\_\_\_\_

In what areas are you most compatible? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In what areas is there incompatibility? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you get along with your in-laws? (This includes brothers-in-law and sisters-in-law) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give specific examples of those things you would like to see your spouse do more often (e.g., take the garbage out, bring you a cup of coffee when you have just sat down to relax, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give three specific examples of things you would like to see your spouse stop doing. (Three particular things that irritate you.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the names of your children, from the oldest to the youngest. (State if any of these children are from a previous marriage, or adopted. Also, in the birth order, please include any miscarriages or abortions.) Please give the following information:

Name:                      Gender: Age:    Marital Status:    Job:                      Describe each person:

**IX. MARITAL HISTORY (Previous Marriages)**

When were you first married, and for how long? \_\_\_\_\_

How long did you know your first spouse before engagement? \_\_\_\_\_

How long were you engaged? \_\_\_\_\_

Please describe something you liked and disliked about your previous mate:

What I liked: \_\_\_\_\_  
\_\_\_\_\_

What I disliked: \_\_\_\_\_  
\_\_\_\_\_

Please describe something of what your previous mate liked and disliked about you:

What he/she liked: \_\_\_\_\_  
\_\_\_\_\_

What he/she disliked: \_\_\_\_\_  
\_\_\_\_\_

If you were married more than once before your current marriage, please answer the same questions for your other marriage(s) on another sheet.

## X. FAMILY DATA

List all brothers and sisters, from the oldest to the youngest, including yourself. (State if any of these are step-siblings, or adopted. Also, in the birth order, please include any miscarriages or abortions that you know of, and any who are now deceased, their cause of death and age at death.) Please give the following information:

Name:                      Gender: Age:    Marital Status:    Job:                      Describe each person:

Your relationship with your brothers and sisters:

a. Past: \_\_\_\_\_

\_\_\_\_\_

b. Present \_\_\_\_\_

\_\_\_\_\_

Brother or sister most like you, in what respect? \_\_\_\_\_

\_\_\_\_\_

Brother or sister most different from you, in what respect? \_\_\_\_\_

\_\_\_\_\_

Who played together? \_\_\_\_\_

"Father" here means the man who took primary responsibility for raising you. If that is a different person than your biological father, please describe what you know of your biological father on another sheet, and describe your father on this page.

Father's Name: \_\_\_\_\_ Current age: \_\_\_\_\_ Health (circle one): Good Average Poor

Occupation: \_\_\_\_\_ If deceased, your age at the time of his death: \_\_\_\_\_

Cause of death and age at death: \_\_\_\_\_

Kind of person: \_\_\_\_\_

His ambition for the children: \_\_\_\_\_

His relationship to the children: \_\_\_\_\_

\_\_\_\_\_

His relationship to wife (your mother): \_\_\_\_\_  
\_\_\_\_\_

His favorite child, and why: \_\_\_\_\_  
\_\_\_\_\_

Which child was most like dad, and why: \_\_\_\_\_  
\_\_\_\_\_

Which child was most different from dad, and why: \_\_\_\_\_  
\_\_\_\_\_

As a child, I liked about my dad: \_\_\_\_\_  
\_\_\_\_\_

As a child, I disliked about my dad: \_\_\_\_\_  
\_\_\_\_\_

“Mother” here means the woman who took primary responsibility for raising you. If that is a different person than your biological mother, please describe what you know of your biological mother on another sheet, and describe your mother on this page.

Mother’s Name: \_\_\_\_\_ Current age: \_\_\_\_\_ Health (circle one): Good Average Poor

Occupation: \_\_\_\_\_ If deceased, your age at the time of her death: \_\_\_\_\_

Cause of death and age at death: \_\_\_\_\_

Kind of person: \_\_\_\_\_

Her ambition for the children: \_\_\_\_\_

Her relationship to the children: \_\_\_\_\_  
\_\_\_\_\_

Her relationship to husband (your father): \_\_\_\_\_  
\_\_\_\_\_

Her favorite child, and why: \_\_\_\_\_  
\_\_\_\_\_

Which child was most like mom, and why: \_\_\_\_\_  
\_\_\_\_\_

Which child was most different from mom, and why: \_\_\_\_\_  
\_\_\_\_\_

As a child, what I liked about my mom: \_\_\_\_\_  
\_\_\_\_\_

As a child, what I disliked about my mom: \_\_\_\_\_  
\_\_\_\_\_

In what ways were you disciplined by your parents as a child? \_\_\_\_\_  
\_\_\_\_\_

Give an impression of your home atmosphere (i.e., the home in which you grew up). \_\_\_\_\_  
\_\_\_\_\_

Were you able to confide in your parents? \_\_\_\_\_  
\_\_\_\_\_

If you were not brought up by your parents, who did raise you? Between what years? If you were raised by your parents, was there another parental figure?  
\_\_\_\_\_  
\_\_\_\_\_

Has anyone (parents, relatives, friends) ever interfered in your marriage, occupation, etc.?  
\_\_\_\_\_  
\_\_\_\_\_

Does any member of your family suffer from alcoholism, drug addiction, or anything which can be considered a "mental disorder?"  
\_\_\_\_\_  
\_\_\_\_\_

Are there any other members of the family about whom information regarding illness, etc., is relevant?  
\_\_\_\_\_

Please try to remember any fearful or distressing experiences not previously mentioned.

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**XI. SELF-DESCRIPTION**

In what kinds of situations do you most readily lose self-control? (Cite particular instances, if at all possible. Examples might be temper, uncontrollable crying, impatience, etc.):

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In which situations are you best able to maintain self-control?

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Give a word picture (description) of yourself as you would be described by:

1. your spouse: \_\_\_\_\_

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2. your best friend: \_\_\_\_\_

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3. your worst enemy: \_\_\_\_\_

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4. yourself: \_\_\_\_\_

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Complete the following sentences:

As a child, I: \_\_\_\_\_  
\_\_\_\_\_

For me, school was: \_\_\_\_\_  
\_\_\_\_\_

My childhood fears were: \_\_\_\_\_  
\_\_\_\_\_

My childhood ambitions were: \_\_\_\_\_  
\_\_\_\_\_

My role in my group of friends was: \_\_\_\_\_  
\_\_\_\_\_

The significant events in my physical and sexual development were: \_\_\_\_\_  
\_\_\_\_\_

The significant events in my social development were: \_\_\_\_\_  
\_\_\_\_\_

The most important values in my family were: \_\_\_\_\_  
\_\_\_\_\_

What stands out the most for me about my family life is: \_\_\_\_\_  
\_\_\_\_\_

Brothers' and sisters' relationships to dad were: \_\_\_\_\_  
\_\_\_\_\_

Brothers' and sisters' relationships to mom were: \_\_\_\_\_  
\_\_\_\_\_

My parents' relationships to us children were: \_\_\_\_\_  
\_\_\_\_\_

Thank you!