

God's Grace Healing the Heart Prayer Ministry

Please Print Date of Application:

Name:

Mailing Address:

City: _____ State _____ Zip Code: _____

Age: _____ Home Phone: _____ Message
Phone: _____ Gender (male/female)

Church Currently Attending:

Are you currently applying for healing prayer as a requirement for being a part God's Grace Healing the Heart Ministry?

Yes No

Have you received ministry from God's Grace Healing the Heart Prayer Ministry? ____
Approximate date of your ministry time?

Other than a requirement for ministry, why would you like to receive prayer?

Are you presently or have you in the past, been ministered to by any other ministry? If yes, whom with?

_____ Last date of ministry _____.

Who referred you to the Healing the Heart Ministry?

_____.

We recommend that you share with someone you trust what happened during the session time so that you will have someone to pray with and hold you accountable (this person should not be who you consider your “best friend”).

Will you be able to fast or pray one week before your Prayer session? _____ Yes _____ No

Ask the Lord what He wants you to fast. It can be fasting one meal a day or fasting television or cell phone even.

For the value of the time spent ministering to you, there is a suggested donation of \$75.00. You may donate by cash, check or credit/debit card at the time of your appointment. We will contact you via email to schedule an appointment. Appointments will not exceed 2 hrs.

Please return this application and the signed Liability Release form to:

email: info@healingmyheart.org

or by mail to:

God’s Grace Ambassadors of Healing
40724 Pocona Place Murrieta, CA 92562

OFFICE USE ONLY:

RECEIVED REQUEST FROM:

APPOINTMENT DATE/TIME _____

PRAYER TEAM MEMBERS:

God's Grace Healing the Heart Ministry Liability Release

I _____ acknowledge that team members from God's Grace Healing the Heart Ministry have voluntarily agreed to pray for me and minister to me; I understand that this session is not counseling. I understand that the team members are to the best of their ability and under the leadership of God's Grace Healing the Heart Ministry doing what they can to agree with God's word and God's leading to help me achieve more freedom in my life.

I state that I have voluntarily sought assistance and that I am under no obligation to accept or reject any of the advice or help that I might receive from the team members of this ministry.

I understand that if I receive ministry from Healing the Heart Ministry, the team is committed to respect the disclosed information and will maintain a pastoral level of confidentiality. This information, as given in writing from me, may be shared with other persons involved in my healing process. The Ministers are mandated reporters and are obligated by law to report abuse.

I agree to hold God's Grace Healing the Heart Ministry and its team members free from any and all liability, loss, or damage of any kind that may arise as a result of assistance which I have received or from my involvement with God's Grace Healing the Heart Prayer Ministry.

I give my permission for God's Grace Healing the Heart Ministry to discuss my situation with the following individuals:

I have read this disclaimer and release of liability. I understand and agree with it. I have executed it as my free and intentional act.

Signature

Date _____
