



Name: _____ Date: _____

Attach your picture here

Church: _____

APPLICATION: RESTORATION PRAYER MINISTRY

DESCRIPTION OF RESTORATION PRAYER MINISTRY WITH CROSS WALK LIFE, INC.

The Restoration Prayer Ministry (RPM) is for people needing short term help, generally five to eight ministry sessions. Ministry sessions are normally scheduled as three hour sessions. RPM is not primarily psychological but is a spiritual ministry and is faith based in nature. We are dependent on our gracious God to heal, but can guarantee no certain result of our ministry. The RPM ministry teams are a servant to the church and are submitted to a chain of authority. In order to better serve you, your ministry team may consult with the Church Pastor(s) and/or their designated representative(s) or their own supervision concerning their ministry to you.

READ PAGE 10 FOR DONATION AND SCHEDULING INFORMATION

Please read the following statements and sign that you acknowledge and understand your commitment and your ministry team's commitment. Please complete these forms*, enclose a picture of yourself and return them to our office as soon as possible.

PERSONAL INFORMATION

Name: _____ Address: _____

City/State/Zip: _____ Phones: _____

Date of Birth: _____ E-mail: _____ Web site: _____

Marital Status: Single Married Separated Divorced Widowed Remarried

Presently living with: Parents Spouse Alone Other: _____

Occupation: _____ Employed by: _____

Your Personal Purpose in Life: _____

PURPOSE FOR SEEKING RESTORATION PRAYER MINISTRY

EXPECTATIONS OF YOUR COMMITMENT

Your RPM ministry team will be making a major commitment to you; first as they schedule their time to be available to you, and also as they pray, prepare and then minister to you. Likewise, 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 to ministry sessions and by completing "homework" assignments given to you. Most of all, it is expected that you will have a sincere desire to overcome whatever problems are hindering you and that you will cooperate fully with your RPM ministry team and with the Holy Spirit.

Signature: _____ Date: _____

Printed Name: _____

* Most of these forms have been adapted from the forms in "Restoring the Foundations" by Chester and Betsy KIylstra.

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REFERRAL

In conjunction with your ministry, your RPM ministry team and/or their designated representative(s), are available to assist you in planning for ongoing support and accountability in situations where it could be beneficial to you. Also, if your RPM ministry team is not equipped or able to minister to your particular need, or if you need longer-term ministry, they will help you find appropriate referral resources.

WAIVER OF LIABILITY

I understand that I will be seeing RPM ministers who will be able to listen, support, encourage, pray with and minister to me to help me overcome my problem(s) and to grow in my Christian life. I accept that they are not licensed counselors and may not be ordained and/or full-time ministers, pastors or counselors. **I acknowledge that all ministry is under the direction and control of the Holy Spirit, 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. I accept that they may recommend further ministry for me by a pastor, counselor, home ministry group, support group, and/or other agency in my community.

WAIVER OF CONFIDENTIALITY

I am aware that all statements that I shall make to my RTM ministers are of a confidential nature, including all written information, and that legally and ethically these may not be disclosed without my written consent. However, I waive my right to "complete" confidentiality in the following situations:

1. I accept that my ministry team will give a brief summary report of the results of the ministry to the Church Pastor(s), and/or the oversight team or to their supervision.
2. I accept that my ministry team may consult with the Church Pastor(s), oversight ministry team, and/or their designated representatives, and/or their supervision concerning their ministry to me.
3. I accept that my home/cell ministry leaders may be informed of some aspects of the ministry to me, to better equip them to help me after the prayer ministry.
4. I accept that the Church Pastor(s), and/or their designed representative(s), will be informed of any ongoing, willful sin in which I am involved.
5. I accept and acknowledge that pastors, counselors, Restoration Prayer Ministers, or any other persons involved in working with adults and children in a helping setting, are either encouraged or required by law to disclose to the appropriate person, agency, or civil authority, any harm or potential harm that a person may attempt or desire to do to himself or to others.
6. I accept and acknowledge that they are also required to report any reasonable suspicion of physical or sexual abuse that has been done, or that is being done to a minor child.
7. I accept that all pastors, counselors, and RPM ministers, reserve the right to make such reports as mandated by law, whether or not they confer with me first.

WE ASK YOU, BY YOUR SIGNATURE, TO COMMIT TO:

- 1.) ONE MONTH of serious prayer and Bible time, one hour per day, following your ministry
- 2.) at least fifteen minutes of DAILY PRAYER AND MEDITATION on your new Godly Beliefs and True Identity
- 3.) to call your ministry team TWO AND FOUR WEEKS after your ministry, to report your progress, to be accountable as you meditate on your GBs, and to obtain any needed prayer and support.

By my signature, I acknowledge that I have read and understand all of the above provisions, including the Waiver of Liability and Waiver of Confidentiality, and that I accept the stated conditions and limits of liability and confidentiality.

Signature: _____ Date: _____

Printed Name: _____

THE FOLLOWING INFORMATION WILL BECOME PART OF YOUR CONFIDENTIAL FILE.

It will help your RPM minister(s) focus more clearly on the areas in which you need and/or desire ministry. Please fill these forms out as honestly and as completely as you can and return them to Cross Walk Life prior to your first appointment.

FAMILY BACKGROUND

Natural Parents: Married _____ Separated _____ Divorced _____ Mother Remarried _____ Father Remarried _____

Rate your parent’s marriage: Unhappy _____ Average _____ Happy _____ Very Happy _____

If separated or divorced, how old were you at the time of the separation? _____ divorce? _____

Father remarried when you were age _____. Mother remarried when you were age _____.

You lived with: Mother _____ Father _____ Foster _____ Other Family Member _____

Step-Parents (if applicable): Married _____ Separated _____ Divorced _____

What kind of relationship did/do you have with your parents and/or step-parents?

Father deceased? _____ How old were you? _____ Mother deceased? _____ How old were you? _____

EDUCATIONAL BACKGROUND

Circle the last year of school completed: Elementary 1 2 3 4 5 6 7 8 High School 9 10 11 12 College 1 2 3 4 5 6 +

Certificates or degrees in: _____

MARITAL BACKGROUND

Name of spouse: _____ Occupation: _____

Is your spouse willing to participate in ministry? Yes _____ No _____ Uncertain _____

Have you ever been separated? _____ How many times? _____ When? _____

Marriage(s): Please give the following information for each of your marriage(s).

Date married	Your age	Their age	Name of Spouse	Duration	Reason it ended

Children: Please give the following information about each of your children:

Name	Age	Sex	Which marriage?	Self-supporting?	Age and cause of death

MEDICAL/MINISTRY/COUNSELING BACKGROUND

Describe any physical problems or handicaps that currently require medication or physical care and why:

Have you used drugs for other than medical purposes? _____ What drugs? _____

When? _____

Have you ever been in counseling/therapy/mental health care? _____ When? _____

With whom? _____ For what reason? _____

Are you currently taking medications for emotional reasons or nervous system reasons? _____

What medications? _____

If the ministry team feels that you should have a physical, would you be willing to do so? _____

SPIRITUAL/RELIGIOUS BACKGROUND

Have you invited Jesus Christ into your life? _____ Please tell us when and what happened:

Have you received the Baptism of the Holy Spirit? _____ When? _____

Has that experience produced gifts of the Spirit in your life? _____ What gifts? _____

Describe your present relationship with the Lord:

Please tell about any ministry(s) that you are leading, volunteering in or are participating in now:

WHAT HAS PROMPTED YOU TO SEEK MINISTRY AT THIS TIME?

Abuse		Fear/Phobia		Self-Esteem/Perfectionism	
Addiction/Compulsion		Financial/Legal		Sexual issues/Incest	
Anger/Aggression		Grief/Loss		Spiritual concerns/Values	
Church Split/Issues		Parental/Family/Child		Stress/Anxiety	
Depression/Suicide		Premarital/Marital		Trauma	
Divorce/Separation		Relationship/Loneliness		Vocational/Educational	

ADDITIONAL COMMENTS:

GENERATIONAL PATTERNS QUESTIONNAIRE

GENERAL QUESTIONS ABOUT YOUR PARENTS:

From what country did they originally come? _____

What prominent ethnic backgrounds? _____

What church backgrounds? _____

What geographical areas did they live in when you were at home? _____

What would they say is your greatest weakness? _____

What would they say is your greatest need for ministry or personal growth?

On a scale of 1 to 10, indicate how much each parent loved you. How did they express love?

Who in your life has caused you the most pain and disappointment? Give examples of how it happened.

Please list the main issues that you and God are working on at this time.

What things does your spouse/child/or friend criticize you for the most?

What addictions, mindsets or mental strongholds have you in bondage?

Check which family patterns are common in your immediate or extended family, including aunts, uncles or cousins.

- | | |
|---|---|
| <input type="checkbox"/> Lack of intimacy in marriage | <input type="checkbox"/> Lack of communication between parents & children |
| <input type="checkbox"/> Lack of communication between spouses | <input type="checkbox"/> Children idolized |
| <input type="checkbox"/> Women dominant over men | <input type="checkbox"/> Favoritism shown to some children |
| <input type="checkbox"/> Men dominant over women | <input type="checkbox"/> Children not valued |
| <input type="checkbox"/> Family idolatry i.e. of sports, beauty, success etc. | <input type="checkbox"/> Most members received salvation |
| <input type="checkbox"/> Family secrets | <input type="checkbox"/> Most were not saved |

FAMILY TREE FACTS

Please do some research and fill in this requested information for each of your great grandparents, grandparents, parents and your siblings, to the best of your ability. You might contact your relatives and express a genuine interest in your roots. Their approximate date of birth, date of death or age at death, age, number of children, occupation, miscarriages, premature deaths and causes of death are helpful.

FATHER'S FAMILY

EXAMPLE:

Name: _____
DOB ____ DOD ____ Age ____
of children ____
Occupation _____
Cause of death _____

GGF _____

GF _____

GGM _____

F _____

GGF _____

GM _____

GGM _____

YOUR SIBLINGS/THEIR AGES

MOTHER'S FAMILY

GGF _____

GF _____

GGM _____

M _____

GGF _____

GM _____

GGM _____

SINS OR EFFECTS OF SINS THAT HAVE BEEN FAMILY PATTERNS

Please place a check by each line (grouping) that has occurred in your family line.

Abandonment, rejection, insecurity, desertion, disowned, fragmented identity, dissociated identity

Abuse: (verbal, emotional, physical, sexual, mental, spiritual) victimization, loyalty to abuse, ritual abuse

Anger with hostility, rage, violence, retaliation, revenge or passive forms of aggression, silent treatment

Bitterness from unforgiveness, resentment, condemning judgments or wrath

Control, manipulation, possessiveness, dominance, passivity, apathy or people pleasing control

Criticism, judgmental attitudes, gossip, murmuring, slander, sabotage or undermining

Cursing, profanity, strife, blaming, false accusation or comparing, suspicion

Death, premature death, murder, abortion, suicide, self-mutilation or self-destruction

Deception, lying, denial, secretiveness, family secrets, distorting and confusing the facts

Depression, escape, isolation, withdrawal, hopelessness, disillusionment, discouragement

Divorce, separation, division, unfaithfulness, irresponsibility, “spiritual adultery”

Emotional dependency, co-dependency, false responsibility, enabling, selfish independence

False identity of love or of self: unloved, misunderstood, left out, overlooked, unappreciated

Fear, anxiety, worry, phobias, false illnesses, double minded, double binds, emotions shut down

Financial bondage, greed, stinginess, poverty, debt, undisciplined spending, robbing God’s tithe, financial disobedience

Hate, self-hate, self-doubt, self-condemnation, self-sabotage, self-rejection, self-elimination, eating disorders

Idolatry (of social status, image, wealth, power, children, mates, possessions, position, sex, ministry, etc.)

Lawlessness, illegal business practices, thievery, compromise of integrity, tax evasion, corruption, perversion of justice

Legalism, oppression with rules, religious rigidity, hypocrisy, guilt trips

Neglect/not caring for children (favoritism, lack of discipline, conditional love/acceptance

Parental inversion, confusion of roles, dishonor of authority, usurping authority, undermining authority

Physical infirmity: heart, lung, nervous, kidney, bone, muscle, gastric, sterility, obesity, STDs, immune disorders ...

Pride, perfectionism, procrastination, arrogance, self-importance, self-righteousness, self-pity, self-exaltation

Rebellion, disobedience, defiance, stubbornness, jealousy, envy

Religious bondage: cults, false religions, Masons, Eastern Star, KKK, Santeria, other secret lodges (See manual)

Religious spirit control: division, comparison, competitive pride, quenching the Holy Spirit

Self-sufficient independence, self-centered, self-promotion, self-exaltation, jockeying for position

Sexual sin: (lust, perversion, premarital sex, pornography, homosexuality, rape, incest, adultery (See manual)

Shame, guilt, embarrassment, condemnation, self-deprecation, feels defective

Slavery. prejudice, discrimination, sexism, denominational prejudice, double standards

Success and failure cycles: in relationships, finances, business, education, employment, ministry etc.

Unbelief, doubt, mistrust, suspicion, paranoia, inability to keep commitments

Unworthiness, low self-esteem, inferior, inadequate, never measures up, performs for acceptance

Witchcraft, occult practices, Satanism, white-witchcraft, superstition, charismatic witchcraft, (See manual)

PLEASE FINISH THESE SENTENCES WITH YOUR ALL-TIME MOST UNGODLY BELIEF - that you have ever had - whether you still believe it or not. We are looking for ungodly seeds sown, no matter how old.

1. The most important thing to me _____
2. I worry about _____
3. I can never seem to _____
4. I sometimes feel guilty about _____
5. I have been criticized for _____
6. I get angry about _____
7. My biggest mistake was _____
8. My job _____
9. What make me nervous is _____
10. My personality would be better _____
11. My mother was _____
12. Jesus Christ _____
13. My worst weakness is _____
14. My childhood _____
15. My prayers _____
16. My biggest disappointment _____
17. To me, sex is _____
18. I would be better liked if _____
19. My father was _____
20. To me, God is _____
21. My children (or brothers & sisters) _____
22. What hurt me most _____
23. My biggest problem _____
24. Men are _____
25. My partner _____
26. If I fail _____

All RPM IS ON A DONATION BASIS

Thank you for choosing Restoration Prayer Ministry (RPM) with Cross Walk Life, Inc. We consider this to be a life-changing ministry and have enjoyed seeing many precious lives conformed more into the image of Jesus Christ. Jesus does most of the work, but we enjoy partnering with Him in the transformation process.

While we do not charge a set amount for this ministry, we do consider it to be a value without measure. I have no secular employment. This ministry is not free, but comes at a cost to me, whether it lasts 18 - 21 hours or more. Cross Walk Life is a not-for-profit organization and all donations are tax-deductible.

The suggested donation is \$30 per hour. Would you pray and ask God what He would like you to donate per hour? We request 50% of your donation up front with your application, in order to reserve your first appointment. If you need to give over a period of time, please call our office.

YOU HAVE TWO RESERVATION OPTIONS - BEFORE YOUR FIRST APPOINTMENT:

- 1. You may donate with PayPal on our RPM page and mail your application by snail mail.
- 2. You may mail your application and enclose your donation by check.

You are not on our schedule until we receive the first half of your donation.

Thank you for laboring together with us,
Carlotta P. Waldmann, Th.B., R.N.

COMMITMENT:

I believe God would have me donate _____ per hour which would total _____.

I am committing to a minimum of 6 three hours appointments:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

_____ I have reserved my own accommodations. _____ I need accommodations for these 3 nights.

_____ I have enclosed a picture of myself. (Any kind of picture will do.)

_____ I have read your articles about RPM, Keys to Restoration and application. I understand that this is spiritual restoration prayer ministry and not primarily psychological, topical or crises intervention therapy.

_____ I have read "Biblical Healing and Deliverance" by: Chester and Betsy Kylstra.

**** Refunds**, less a \$60 administration fee, are available -- if 72 hours notice is given. In case of late notice, due to illness or death in the family, you may reschedule as our schedule allows, but no refund is given. (Please discern the will of the Lord before you ask us to commit 18-21 hours of our time to you.)

OPTIONS IN THE FUTURE – NOT REQUIRED:

If you would also like to continue giving to help sponsor others to receive Restoration Prayer Ministry, just designate that on your donation.

I would like to give monthly donations of _____.

I would like to help sponsor someone who cannot donate for themselves _____.

Legible Signature: _____ Date: _____

Printed Name: _____