



VINEYARD SOAKING PRAYER FOR HEALING MINISTRY

Application to Receive Scheduled Soaking Prayer*

[Confidential]



the young adult community of vineyard church of columbus

Date completed: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (h) _____ (w) _____ (c) _____

E-Mail (print clearly): _____

Gender: Male Female

Marital Status: Single Married Divorced Separated Widow(er)

Spouse Name: _____ # of Children _____

Spiritual Background

Are you a Christian? Yes No Not Sure If Yes, how long? _____

How many weekends per month do you typically attend services at Vineyard Col's? _____
 Saturday PM or Sunday AM Service Joshua House (Sunday PM) Service

Are you a member of Vineyard Columbus? ** Yes No If Yes, how long? _____

Small Group Leader's name ** _____ Leader's Phone: _____

Explain current or past experience in seeking healing prayer (if at VCC, detail any prior involvement in Soaking Prayer): _____

Spiritual background (include: church participation; baptism; occult involvement; involvement in fraternal or secret organizations; etc.) _____

*The information provided will be reviewed by either a VCC staff member or other Soaking Prayer administrative personnel to determine the appropriate assignment and will be given to the prayer team assigned to pray for you.

** See important notes on back

Healing Prayer Request

Briefly describe the condition or need for which you are seeking prayer: _____

Briefly explain your history of seeking help or treatment for this condition: _____

Circle the number which best describes the seriousness of the condition (Urgency Value, 0 - 10)

| | | |
|--------------------------------------|--------------------|----------------------------------|
| Intermittent Problem | Impacts Daily Life | Very Serious or Life-threatening |
| 0 1 2 3 4 5 6 7 | | 8 9 10 |

Are you under a doctor's care for this need? Yes No

Are you seeing a counselor related to this need? Yes No If at VCC, counselor's name: _____

What are you asking from the Lord? _____

Your availability (sessions are at VCC and are 30-60 minutes long):
Check when you can come (if limited to specific hours, enter the hours):

| | Morning | Afternoon | Evening |
|-----------|---------|-----------|---------|
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |
| Saturday | | | |

**** Important:**

1. VCC members will be given scheduling priority over non-members (irrespective of date of submission of application).
2. Only as a rare exception will Scheduled Soaking Prayer be offered to anyone not active in a VCC small group. If you feel your circumstances warrant an exception, attach a separate sheet with your request and explanation.
3. Prayer will be offered subject to the terms of the Soaking Prayer Agreement (see attached).

Individuals waiting to be assigned to a prayer team, as well as non-members and those who are not active in a VCC small group, are encouraged to attend the regular Open Soaking Prayer for Healing sessions – where all are welcome and no appointment is necessary (see weekly announcements or the Mix for times).

Note there is no guarantee that you will be healed. Divine healing is the province of the Lord, and though pray-ers ask for the healing of those being prayed for, the Lord alone determines the extent to which individuals are healed.

* * *

I have read and understand that healing is not guaranteed. I understand that Soaking Prayer is not a substitute for professional medical attention, and I recognize that God uses many means to heal, including medicine. I understand further that my progress will be evaluated on a regular basis by the Soaking Prayer ministry leaders, who reserve the right to determine if Soaking Prayer will continue or be terminated.

(name) (date)

Scheduled Soaking Prayer Agreement Between Prayer Team and Prayee

Scheduled Soaking Prayer is typically arranged for two sessions per month. Acknowledging that healing is totally in the hands of the Lord, it is nevertheless understood that the prayer recipient has responsibilities – including, but not limited to, attending all scheduled sessions and sincerely pursuing Biblically-based personal spiritual growth.

It is understood and agreed that the members of the prayer teams serve as intercessors – brothers and sisters in Christ asking God to heal your wounds. They should never be considered counselors, medical/health advisors, or sources of spiritual strength.

Effectiveness of the prayer sessions, and related progress, will be regularly evaluated by the prayer team. In situations where a prayer recipient is not fulfilling his/her responsibilities, or where the prayer team determines no progress is being made, the prayer sessions may be ended. Further, due to the number of people requesting Scheduled Soaking Prayer, sessions will normally be limited to a six-month period. In any case, the VCC staff and/or the Soaking Prayer administration team will determine how long prayer will continue. Sessions may be extended beyond the initial six-month period or they may be ended at any time.

Prayer recipient’s responsibilities:

1. Attend all scheduled sessions. If a problem arises, the team leader is to be telephoned as soon as possible. In the event the team leader cannot be reached, another member of the prayer team must be called.
2. Actively participate in a VCC small group.
3. Follow all health care provider and counselor directives, including instructions regarding medications.
4. Pray and read the Bible daily. Follow helpful handouts provided by prayer team.
5. Pursue spiritual growth.
6. Regularly attend the bimonthly Open Soaking Prayer for Healing sessions and the monthly Holy Spirit Empowerment Nights.

I have read and understand the above, including my responsibilities in this process.

| | | | |
|----------------------------|------|----------------|--------|
| Prayer recipient signature | date | contact number | e-mail |
|----------------------------|------|----------------|--------|

| | | | |
|-----------------------|------|----------------|--------|
| Team leader signature | date | contact number | e-mail |
|-----------------------|------|----------------|--------|

Other team members:

| | | |
|------|----------------|--------|
| Name | contact number | e-mail |
|------|----------------|--------|

| | | |
|------|----------------|--------|
| Name | contact number | e-mail |
|------|----------------|--------|

| | | |
|------|----------------|--------|
| Name | contact number | e-mail |
|------|----------------|--------|

***** complete this agreement in duplicate: place a copy in the prayee’s folder & give a copy to the prayee *****