

BASIC II STUDENT APPLICATION

Elijah House Facilitated Video School For Prayer Ministry

Circle ALL that apply: Mr - Mrs - Ms - Miss - Pastor - Widow(er) - Single Parent - Non U.S. Citizen / Age: _____

Name		Spouse	
Address		Home Phone	
City		Work Phone	
State		Cell Phone	
Zip		Email	
Church		Occupation	

1. Which of the following books have you read?

- | | | |
|--|--|---|
| <input type="checkbox"/> Restoring the Christian Family | <input type="checkbox"/> Transforming the Inner Man | <input type="checkbox"/> Healing the Wounded Spirit |
| <input type="checkbox"/> Waking the Slumbering Spirit | <input type="checkbox"/> Deliverance & Inner Healing | <input type="checkbox"/> Choosing Forgiveness |
| <input type="checkbox"/> Healing Women's Emotions | <input type="checkbox"/> The Elijah Task | <input type="checkbox"/> Renewal of the Mind |
| <input type="checkbox"/> Healing Victims of Sexual Abuse | <input type="checkbox"/> Why Some Christians Commit Adultery | <input type="checkbox"/> Elijah Among Us |

2. Length of time attending your church? _____ Years _____ Months

3. How long have you been a Christian? _____ Years Date of Salvation _____

4. Please give a **brief** account of when and how you became a Christian.

5. How are you presently serving the Lord?

6. Are you presently ministering to other?

Yes (Lay/Church Lay/Private Professionally)

No If not, do you plan to do prayer ministry after completing this training? Yes No Don't Know