



The Inner Healing Ministry Application

Inner Healing Ministry

Mission Statement:

Ministering God's love to people by helping them receive and understand God's truth to strengthen and empower them to love and serve the Lord with their whole being.

Vision Statement:

The Inner Healing Ministry is called to raise up children, youth, and adults who walk in freedom and wholeness through the redemptive power of Jesus Christ, so that they will attain the whole measure of the fullness of Christ in their lives.

1895 Wrightstown Road
Washington Crossing, Pennsylvania 18977
215-493-5080
www.crossingumc.org

Purpose:

The purpose of this questionnaire is to obtain a snapshot picture of your background. By completing these questions as fully and accurately as you can, you will save time and allow for a positive, meaningful discussion.

This application must be completed before we can move forward with ministry. This will help the person who oversees Inner Healing determine the Ministry Team that will best meet your needs. Please be assured that this information is highly personal. We treat all information as confidential.

Please return this application to the church office. Mark the envelope confidential, attention Inner Healing Ministry. You may also email it to: haley@crossingumc.org. Upon review of your application and acceptance to receive ministry, a Mashah team member will contact you to schedule your session. If your application is not accepted, it will be returned to you along with your donation.

Inner Healing is a Ministry of the Crossing. If you would like to make a donation to this ministry, please give a check payable to WCUMC to your Ministry Team. All donations received by Inner Healing Ministry go directly to help offset training expenses.

General Information

Name: _____ Sex: _____ Age: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Phone: _____

Email: _____

Are you willing to submit to ministry that is based on the Word of God and prayer? **Yes / No**

What has prompted you to seek ministry at this time?

Have you had any form of counseling or prayer ministry before? **Yes / No**

If yes, please briefly describe:

Are you in counseling at present? **Yes / No**

Do you currently have, or have you had at any time, emotional problems that required medication and/or hospitalization? **Yes / No**

Please briefly describe your family dynamics (i.e. Were you able to confide in caregivers?). What was the family atmosphere (loving/accepting, demeaning, etc.)?

Please briefly describe the relationship you had with your mother.

Please briefly describe the relationship you had with your father.

Please briefly describe your childhood (happy, traumatic, etc.).

Have you been involved in Occult activity? If so, what?

Have you accepted Jesus Christ as your personal Savior? **Yes / No**

What is your availability to receive ministry?

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

Morning _____ Afternoon _____ Evening _____



1895 Wrightstown Rd., Washington Crossing, PA 18977

the Inner Healing Ministry Release and Disclaimer

You have the right to know: Disclaimer, Information and Agreement

The Washington Crossing United Methodist Church, Inc. and the Eastern Conference of the United Methodist Church, Inc. (hereinafter referred to individually and collectively as the “Crossing”) welcomes your participation as a “receiver” in this ministry. We at the Crossing would like to take this opportunity to provide you with some guidelines.

By signing this document you are acknowledging that you understand the limitations of the ministry and your responsibility for your own care, decisions and actions. Please review the following statement, and if you agree, please sign on page two.

I _____ understand that the purpose of this ministry is to pray for spiritual growth and healing. It is not a counseling service. I understand that the team members are not professional or licensed counselors, nor do they provide legal, medical, psychological or psychiatric advice. They are simply trained in using the Word of God and prayer to facilitate healing through the power of the Holy Spirit.

All personal information gathered in a ministry session is confidential, and the files are so maintained. Nevertheless, I do hereby give permission to the Inner Healing Ministry Team to consult with the Director of the Inner Healing Ministry at the Crossing.

By law, there are certain situations in which information about individuals undergoing prayer ministry may be released with or without their permission. These situations are as follows:

- When children may be physically abused, neglected, or sexually abused, the proper authorities must be notified.
- In emergency situations in which the client is a danger to himself or herself, or to others. As an example, confidentiality will be broken in cases involving potential homicides or suicides.
- If a court of law issues a legitimate subpoena relating to a child abuse case, we are required by law to provide the information specifically described in the subpoena.
- If an unreported life-threatening felony has been committed, we are required by law to report it to the police.

I have sought this ministry of my own free will and all personal information I reveal is given voluntarily in order to facilitate the team members working with me. I understand that the ministerial staff and the Inner Healing Team members are not professional counselors and that any comments made by them are not intended as professional advice. I understand that this ministry is not a substitute for professional guidance, and it may be that I may need legal, medical, psychological or psychiatric counseling in addition to the prayerful assistance I receive through this ministry. With this understanding, I hereby release the Crossing, its ministerial staff, agents, representatives, employees, and Inner Healing Ministry Team members from any liability or legal responsibility for any damages associated with harm to myself or others.

This release contains the entire agreement between the parties hereto, and the terms of this waiver and release are contractual and not mere recital.

The undersigned further states that I have carefully read the foregoing release, know the contents thereof, and sign the same of my own free act and deed.

Signature

Date

Printed Name

Witness