

QUESTIONNAIRE FOR RESTORATION WEEK

Thank you so much for taking the time to fill out this application. Once application is delivered you will be placed on a waiting list. When we have open availability, you will be contacted and invited to event.

Please circle one of the following: Mr Mrs Ms Miss Rev Dr

First Name: _____ Surname: _____

Address: _____ City: _____

Province/State: _____ Postal/Zip Code: _____ Home Phone: _____

Cell Phone: _____ Business Phone: _____

Email Address: _____

I would like to be added to your mail list for newsletters and course updates

Preferred Name: _____ Age: _____ Sex: _____

Marital Status (Please check all that apply): Single Divorced Separated
 Married Remarried Widow/widower

Name of Church attending (if applicable): _____

How often do you attend (if applicable): Regularly Occasionally Rarely

Name of Minister/Pastor/Leader (if applicable): _____

Does your Church Leadership know that you are applying? Yes No

Are you able to come on short notice? Yes No

Are you ok with a male & female on your ministry team? Yes No

FOR OFFICE USE

Application Received Date: _____ Deposit Date: _____

Deposit Amount: _____ Method of payment: _____

Healing Retreat Number: _____ Placed on wait list: _____

Breeze: _____ Summary Sheet: _____ Emailed guest App received: _____

Mail Chimp: _____ Team (1): _____ (2): _____

RELEASE STATEMENT

I, the undersigned hereby certify that I voluntarily consent to be ministered to by members of the Prairie Winds team, knowing that I have the right to terminate my participation in the process at any time for any reason. I understand that the members of the Prairie Winds team may or may not be professional counselors, ministers or care givers. I fully understand that the ministry I receive is not counseling in any form but rather prayer ministry and Christian discipleship. I also understand that the ministry process used to give spiritual, emotional or physical help may or may not be clinically demonstrated as guaranteeing either short or long term results. I voluntarily accept this ministry fully and completely, and I do not hold Prairie Winds or any one of its team responsible for any outcome that may arise as a result of this ministry. I do not hold Prairie Winds or any of its team responsible for any further care that I may need in the future. I take full responsibility for my life, health and wellbeing now and in the future following the ministry I receive from Prairie Winds team members.

I understand that every effort will be made to maintain confidentiality. All ministry records whether written or electronic remain the property of Prairie Winds and may be accessed by Prairie Winds staff or team as deemed appropriate by Prairie Winds staff. If it is learned in the prayer ministry sessions that I intend to carry out harmful or criminal action against another person or against myself, I understand that the Prairie Winds team reserves the right to inform appropriate individuals. Those to be informed may include law enforcement officials, appropriate family members, associates or friends, and the person or family of the person who is likely to suffer the results of the harmful behavior. Before informing anyone who should be warned, I understand that steps will be taken to share such intention with me. I understand that suspected acts of child abuse or neglect are required by law to be reported to the appropriate governmental authorities.

Please note that after your visit to Prairie Winds Canada, none of your counseling information will be shared with your pastor or any other such person unless you sign a release form.

Signature of Applicant for Ministry

Witness

Date

COST: \$845.00 (Please include the deposit payment of \$100.00 with your application – fully refundable only if cancelled at least 7 days prior to event and if the place can be filled.)

Payment Amount of \$ _____ by: Cash Cheque MasterCard VISA

Make cheques payable to: Prairie Winds Canada

Credit card number: _____ Exp Date ____ / ____ CVV# _____

Signature: _____

Please complete the remainder of this application:

Have you made a commitment to Jesus Christ as Lord and Saviour? Yes? No? When? Briefly describe, also tell us about your present relationship with the Lord.

Please list all previous church affiliations. Are you currently receiving ministry from your church? Please give brief details:

Why have you chosen at this time to come on a Healing Retreat?

What is the most painful or difficult issue for you at this time?

Describe any difficulties you are experiencing in the following areas: Relationships (spouse, children, parents, etc.)

Physical

Fears / Phobias

Stress / Emotional Hurt

Sexual

Addictions

Do you struggle with: Abandonment _____ Rejection _____ Finances _____ Religion _____ Performance _____

Deception _____ Anxiety _____ Unbelief _____ Rebellion _____ Anger _____ Trauma _____ Bitterness _____

Grief _____ Shame _____ Victim _____ Failure _____ Control _____ Unworthiness _____ Depression _____

List any word curses spoken to you that could relate to what you are going through now. (example “you are stupid” or “you are lazy”)

List any negative thoughts you have spoken about yourself that relate to what you are going through. (example “I will never be good enough”)

What 3 words characterize your mother?

What 3 words characterize your father?

Have you been involved in the occult? (e.g.: witchcraft, spiritism, etc.)

Have you or your family been involved in a religion or belief system apart from Christianity? If ‘Yes’, please give brief details:

Yes No

Please give brief details of any ministry you have received from other people who are not connected with Prairie Winds, other than your own church:

Which Prairie Winds training courses (if any) have you attended?

I received ministry during an Prairie Winds:

- Church Visit Healing Retreat Training Course
 Personal Ministry Appointment

Do you hold a leadership position in your church? Yes No

If ‘Yes’, please give brief details:

Are you in full-time Christian work? Yes No

If ‘Yes’, please give brief details:

Please share any other information you think would help us minister to you. (You may attach additional information if necessary)

Please indicate any special needs or medical conditions you have. Give brief details where appropriate:

Wheelchair Unable to climb stairs Hearing Difficulties
Poor Eye Sight **Food Allergies / If Yes** _____

Medication (please specify any medication your doctor has prescribed): _____

Other Information that you would like us to know

SENDING IN FORM

Please return completed application with deposit (or full payment) to Prairie Winds Centre Using Fax, Scanned document, or by Mail.

Once your application is received...



Mail application in using one of our three receiving methods

Once application is delivered you will be placed on waiting list.

When we have open availability you will be contacted and invited to course.

RR #1, Site 15, Comp 42
Didsbury, AB T0M 0W0

f: 1-866-246-5918 | email: info@prairiewindscentre.ca