



# i61 MINISTRY

Application Form



Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Age/DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Church you attend: \_\_\_\_\_

How long have you attended: \_\_\_\_\_

Who is your direct pastor/leader: \_\_\_\_\_

How did you hear about the Ministry sessions: \_\_\_\_\_

What type of ministry are you seeking and what are the underlying issues you have identified?

\_\_\_\_\_

\_\_\_\_\_

Do you know what is on your scroll/ what you are called to?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you want to achieve from the session?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please confirm the following (which we require prior to booking in a session):*

- I have read "Regions of Captivity" and/or "Iniquity" by Ana Mendez
- I take my matter to the Lord in Praise/Worship and sought him myself for discovery on these matters
- I am happy to be ministered to by a 'Training Team' for an earlier booking



Please return this completed form, along with a signed FOD Liability Release Form to Christina Theodosiadis in person OR email the scanned form to christina@fieldofdreams.org.au and we will get back to you shortly to confirm an appointment with a FOD Ministry Team.

We currently offer Ministry sessions at the following times:

(please number in order of preference and we will attempt to give you your first preference)

- Sunday
- Monday
- Tuesday

Signature:

Date:

- I agree to have a trainee attend my session.
- I understand that the facilitators are mandatory notifies (being that they are legally required to report suspected child abuse or neglect).

### DONATION

**\*\* We recommend a donation of \$40 used to resource and develop the ministry department. Please deposit into: Field of Dreams Australia Inc. | BSB: 035-039 | Account no: 346041 with the description 'Ministry Department Donation'**

### Office Use Only

- Intake (Confirmed Court Case)
- Homework Assigned

- Homework Completed
- Session Booked

Date & Time: \_\_\_\_\_

Facilitator 1: \_\_\_\_\_

Facilitator 2: \_\_\_\_\_

Trainee: \_\_\_\_\_



# LIABILITY RELEASE FORM

*i61 Ministry*

I (*First name*) \_\_\_\_\_ (*Surname*) \_\_\_\_\_ do hereby release the Field of Dreams Australia Inc. ministry team ("the ministry team") from any liability for any harm, or perceived harm, resulting from my voluntarily receiving of free prayer on this and subsequent visits.

I understand that the ministry is provided by the ministry team who are not doing so in the capacity as professionals in counselling, therapy or medical services.

I undertake that if I am currently taking medication, or operating under the advice of a professional service, I will allow my medical doctor, therapist, counsellor etc. to confirm any results of prayer received before altering any prescribed course of medication or action.

I further state that I have voluntarily sought assistance at my own initiative and that I am under no obligation to accept or reject any of the advice or help that I might receive from the ministry team. I understand that these team members are, to the best of their ability, doing what they can to help me achieve more freedom in my life.

I also agree to hold Field of Dreams Australia Inc. free from any and all liability, loss or damage of any kind that may arise as a result of assistance that I have received or from my involvement with Field of Dreams Australia Inc.

I understand that if I receive ministry from the ministry team, the team is committed to respect the disclosed information, but not to complete confidentiality. The information, as needed, may be shared with the Pastoral Staff so as to further my total healing process.

In certain circumstances the team are bound to pass on information to the relevant authorities if a person is at risk, or certain criminal acts are disclosed and are required under State Law or Federal Law, where they have reasonable grounds to suspect that a child is at risk of significant harm to report this to the authorities. I understand that the ministry team are mandatory notifiers with regard to any disclosure of crimes against children or children being at risk.

I understand that the ministry team offer prayer to anyone regardless of ability to pay. However, donations are greatly appreciated as it helps build and train team members and I am able to make a donation via the website and online banking.

I have read this disclaimer and release of liability form and understand and agree with it and have executed it as my free and voluntary act.

**Contact number:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

