



COURTS 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 Courts sessions:

Have you done a Courts session before? If yes when/where:

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

Why do you feel you need a Court session?

What do you want to achieve from the Court – what verdict/remedy are you seeking?

Please tick all the following as applies:

- ☐ I have listened to the teachings on the Courts of Heaven by Rachel Weatherly available on the FOD website (free)
- ☐ I have read "Courts of Heaven" by Robert Henderson
- ☐ I take my matter to the Lord in Praise/Worship every day for up to three weeks before the sessions
- ☐ I have written out the promises over my life, including from the Word and specific prophetic words as relates to this case and meditated on them
- ☐ 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 Courts Team.

We currently offer Court 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

Courts 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: _____





WHAT WE BELIEVE

*WHEN YOU APPLY TO RECEIVE MINISTRY, THIS IS THE
PARADIGM THAT WE MINISTER WITHIN*

We believe in one God, Father, Son and Holy Spirit, who designed sex as part of His loving plan for humanity, and whose will for sexual integrity is clearly revealed in Holy Scripture.

We believe God created each person in His image as male or female, and any person's attempt to deny or change this distorts God's good design.

We believe God blesses sexual intimacy solely between a man and a woman within the holy covenant of marriage, a life-giving mystery that reflects Christ's love for His church.

We believe God calls a husband and wife to be fruitful and multiply, that every life is sacred, and that children are precious to God and must be protected from sexualisation.

We believe God calls all people to the joy of living a chaste life, by celibacy in singleness and faithfulness in marriage, and that His commands are given for the common good.

We believe sexual activities outside these bounds are sins which grieve God's heart, injure others, and enslave people to idolatry.

We believe our bodies are temples of the Holy Spirit, that Christ calls and empowers us to repent from all sin, including sexual sin, that His mercy abounds to forgive and restore, and that by living with sexual integrity we glorify God and humbly embrace His wise and loving plan for human life.

