

Prayer Counseling Application Level I Class

Name: _____

Address: _____

Phone: _____

Email: _____

Name of Church you attend: _____

Are you a leader there, and if so in what capacity?

What interested you about this discipleship training?

Have you done prayer counseling before? In what capacity?

What is your expectation for these six weeks?

Are you open to praying for others?

Who at this time are you in “covenant” or accountability with?

Please know that everything on this application is kept confidential. In taking this class you also agree that everything shared within the group is confidential and is not to leave the group.

Signature

Date