

ALL PEOPLES CHURCH - PRAYER MINISTRY INTAKE FORM

727 Old Graves Mill Road, Lynchburg, VA 24502 | www.allpeopleschurch.us/prayer

Please fill out **all** applicable sections of this form. You may drop off your printed form in the secure drop box located on the wall next to the church office door. Please allow 90-120 minutes for your prayer session. If needed, a follow up prayer session may be scheduled with your prayer ministers immediately following your session.

Name: _____

Email: _____ Phone #: _____

Please check all that apply for your availability:

Monday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Tuesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Wednesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Thursday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Friday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Saturday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Sunday		<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening

When was your last prayer session? _____

Names of your most recent prayer ministers? _____

On a scale of 1-10, how helpful was your last session (10 being very helpful)? _____

The APC prayer ministry team has both male and female prayer ministers available for ministry. Would you object to having a member of the opposite sex on the team ministering to you? Yes ___ No ___ If yes, are you open to married couple prayer ministers? Yes ___ No ___

Name of preferred prayer minister/s? _____

1. Describe the issue that you are seeking prayer ministry for currently:

2. How does this issue affect you?

3. When did this issue begin? _____

4. On a scale of 1-10, how painful is this issue currently (10 being very painful)? _____