## **VCDC SOAKING PRAYER BY APPOINTMENT**

## **Application to Receive Prayer**

[Confidential]

	Date completed:					
Name:						
Address:	City:	State:	Zip:			
Phone: (home)						
(cell)	ok to text?	Yes □ No				
(work)	[enter only if ok	_ [enter only if ok to call]				
E-Mail (print clearly):						
Gender: □ Male □ Female						
Marital Status: ☐ Single ☐ Married ☐ Divorce	ed □ Separated □	Widow(er)				
Spouse Name:	# 0	of Children at home	e			
Are you a regular VCDC Attender?	n do you typically atter					
f you attend church elsewhere, church name & c	ity:					
Healing Briefly describe the condition or need for which you	ng Prayer Request  ou are seeking prayer:					
Circle the number which best describes the serior  Intermittent Problem Impacts	usness of the conditions		<u>V</u> alue, 0 - 10) Life-threatening			
0 1 2 3 4	5 6 7	-	0			

[Revised: 07/19]

<u>Availability</u>							
Are you seeing a counselor related to this need?	□ Yes	□ No	If at VCDC, counselor's name:				
Are you on medication for this need?	□ Yes	□ No					
Are you under a doctor's care for this need?	☐ Yes	□ No					

Prayer sessions are at VCDC and typically 30-60 minutes long.

Check when you can come (if limited to specific hours, enter the hours)

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

## General

- 1. The Soaking Prayer by Appt ministry is intended for serious or long-term concerns which appropriately require intense, focused prayer. Less urgent prayer needs should be addressed in your small group, in after-service prayer, and at the monthly Healing Prayer sessions.
- 2. VCDC regular attenders will be given scheduling priority over non-regular attenders (irrespective of date of submission of application).
- 3. Soaking Prayer by Appointment is generally offered only to individuals active in a small group. If you feel your circumstances warrant an exception, attach a separate sheet with an explanation.
- 4. Individuals waiting to be assigned to a prayer team, as well as non-attenders and those who are not active in a VCDC small group, are encouraged to attend the Healing Prayer sessions on the first Saturday of every month (see website) and to seek prayer as generally offered after weekend services..

\* \* \*

Submit completed application to church receptionist, or you may scan and email to <a href="mailto:kovalcik.jp@gmail.com">kovalcik.jp@gmail.com</a> (enter 'Soaking Prayer' in the subject line).