PRAYER MINISTRY INTERVIEW

One of the most important decisions we can make is to get real with God - about our needs and His answers. The best way to get real is to be in a supportive local church where you are loved as you are, yet are also challenged in your areas of weakness and need. This information is intended to help you find the right ministry for your needs.

Prayer Ministry at Crossing the Bar

To request ministry please complete our Ministry Request Forms and send them to our offices. We will then prayerfully seek to refer you to the most appropriate ministry team. The team will contact you to arrange the timing and location of your ministry sessions.

For more information, or to request forms, call (843) 742-2773, or email: ctbm16@gmail.com. Forms can also be downloaded from our website at www.crossingthebar.org.

To return completed forms:

Email – ctbm16@gmail.com

Mail – 4655 Briarwood Drive, Wichita Falls, TX 76301

Crossing the Bar Ministries (CTBM) Prayer Ministry Referral Policies

1. You can request ministry by returning these forms to our office. We will then pray over your request and seek to contact you to schedule appropriate time(s).
2. During your prayer ministry session, you will be given an opportunity to discuss issues in your life that you feel are hindering you from truly walking in God's Love. We are **not professional counselors**. We will be praying over you in detail with the knowledge and faith resulting from our own experiences of emotional healing.
3. Prayer ministry sessions will not be a place to air any problem(s) that you perceive you might have with your local church or any of its leaders. Please understand that we will not normally listen to these problems, but will immediately refer you to your pastoral staff. If your individual circumstances warrant, we will discuss these issues with prior approval from your pastor. Our goal, however, is always to focus on your issues, not theirs.
4. All Crossing the Bar staff adhere to strict confidentiality. We will not discuss your case with anyone, including the pastoral staff of your church, except with your verbal permission or unless required by law (see Release of Liability overleaf).
5. Prayer ministry sessions are scheduled in advance in 60-minute sessions. Please keep your appointment, except in the case of an emergency or sickness. If you must cancel your appointment, please do it as early as possible, so that time might be available to minister to someone else. If you fail to show up for your appointment without notice, you will be responsible in full to Crossing the Bar for the sessions booked. If you are late for your appointment, the amount of time you are late will count as part of your sessions.
6. **We ask that you make a contribution to the support of Crossing the Bar Ministries.** Because we are involved full-time in this ministry, we suggest a donation of $75 for each 50-minute block of ministry (Please contact us if this would keep you from receiving ministry). Please come prepared to make your contribution (in cash or by check only please) at the conclusion of your session unless you have agreed on other arrangements with CTBM in advance.

When you return the forms please check the following:

- ❑ You have signed this page agreeing to these policies.
- ❑ You have completed the Life History with information on your background and any current issues you wish to address in the ministry sessions.

We prefer not to schedule sessions for those under medical treatment for depression or schizophrenia until we have reviewed the situation. Are you taking medication for either of these? Yes No

If yes – please send information on the treatment, including how long you have taken medication and results of treatment.

Printed Name_____Signature_____

Phone_____Date_____

Pastor's Name_____ Signature_____

Church Name_____ Church Phone _____

Acknowledgment

I _____ understand that Crossing the Bar Ministries is not a therapy center and that those who minister at Crossing the Bar Ministries are not psychologists, psychotherapists, or medical doctors, but Christians who offer Christian prayer ministry and healing in the name of Jesus Christ that include the whole range of healing ministry as based on the ministry of Jesus Christ as recorded in the New Testament.

I am fully aware that this is a Christian-based ministry that believes the Bible is the Word of God and that the Bible will be the authority upon which my prayer ministry and healing will be based.

I declare that I come into this ministry arrangement willingly and of my own free will.

I understand that during these ministry sessions, I will be confronting my inner feelings and emotions, which could cause emotional pain.

I understand that, at any time, either Crossing the Bar Ministries, its representatives, or I may refuse to engage in further communication/ministry and be free to terminate my sessions with no further ministry or obligation to Crossing the Bar Ministries, or its representatives.

Release

I _____, in consideration of the ministry to be provided and being of legal age do hereby release Crossing the Bar Ministries, its directors, officers, staff, and representatives from any and all claims, causes of actions, suits, and actions arising out of or in any way connected with the ministry provided by Crossing the Bar Ministries, its directors, officers, staff or representatives and I further agree to indemnify the aforementioned from any and all claims including cost, as a result of any proceeding initiated or commenced whereby any of the aforementioned persons are named to such an extent as the proceedings relate to ministry provided to myself.

I have read the acknowledgment and release carefully and have had the opportunity to seek counsel in advance of signing this form.

Signature of Applicant: _____

Your signature must be witnessed by someone other than a family member, Crossing the Bar staff member, or director.

Signature of witness: _____ Date: _____

Name of witness: _____

Address of witness: _____

City _____ State _____ Zip _____

LIFE HISTORY

PURPOSE

The purpose of this life history is to obtain a comprehensive picture of your background. By completing these questions as fully and accurately as you can, you will enable us to refer you to the most appropriate ministers and facilitate your ministry sessions.

It is understandable that you might be concerned about what happens to the information about you because much or all of this information is highly personal. This information is strictly confidential and will only be seen by the SPM prayer ministry coordinators and your ministers. **No outsider, not even your closest relative or family doctor is permitted to see your information without your written permission. The Life History pages will be returned to you at the end of your ministry sessions.**

IMPORTANT: If some particular question does not apply to you, simply write "N/A": Date _____

I. GENERAL INFORMATION

Name _____ Email address _____

Address _____ Phone _____ City

_____ State _____ Zip _____ Age

_____ Occupation _____ Church

_____ Attendance (circle one) Regular Occasional Never

With whom are you now living? (List people, their names, ages, and occupations. If they are students, indicate what grade.)

_____

_____

_____

List 3 people not mentioned in the answer above who are important to you – people who are your closest friends. First names only will be fine.

_____

_____

Marital Status: (circle one) Single Engaged Married Separated Remarried Divorced Widowed How strongly do you want help with your current need? (circle one)

Very much Much Moderately Could do without if necessary

II. YOUR CURRENT NEED

You can help us save time by explaining in your own words some things about your current need. Please be as specific as possible. A few particular examples of how the problem comes up would be valuable.

State in your own words the nature of your chief concern: _____

_____

_____

_____

_____

_____

If your problem is something that you think happens too often, state approximately how often it occurs, how long it lasts, and any other information you feel might be helpful in understanding your problem.

_____

_____

_____

If your problem is concerned with something not happening as often as you would like, state what you would like to see happen more often, how often you think it should occur, etc.

_____

_____

_____

Are any of the people you listed in Section I important in some way to your problem?

YES NO

If yes, please mention specific ways – both good and bad points should be mentioned, if possible.

_____

_____

_____

With whom have you talked about your problem? _____

_____

_____

III. DEVELOPMENTAL INFORMATION

Date of birth and place _____

Approximately how many times did your family move when you were young? _____

Since you left your parental home? _____ Your age when you left? _____

Childhood:

Mother's condition during pregnancy (as far as you know)

_____

Underline any of the following that apply during your childhood:

Night terrors Bed-wetting Sleep-walking Thumb-sucking Nail-biting Stammering Fears Happy childhood Unhappy childhood

Health:

Health during childhood: _____

List childhood illnesses: _____

Health during adolescence: _____

List adolescent illnesses: _____

Any physical disabilities? _____

If so, how related to your present problem? _____

Any surgical operations? Please list them, and at what age they occurred:

_____

_____

When was the last time you felt well, both physically and emotionally, for a fair amount of time?

_____

Underline any of the following that apply to you: Headaches; Dizziness; Fainting spells; Palpitations; Stomach trouble; No appetite; Bowel disturbances; Fatigue; Insomnia; Nightmares; Take Sedatives; Alcoholism; Feel tense; Feel panic; Tremors; Depression; Suicidal thoughts; Drugs; Unable to relax; Sexual problems; Unable to have a good time; Don't like weekends and vacations; Over-ambitious; Shy with people; Can't make friends; Feel lonely; Can't make decisions; Can't keep a job; Inferiority feelings; Home conditions bad; Financial problems.

Other: _____

IV. AVOCATIONAL INTERESTS

Games and interests during childhood: (including make-believe) _____

_____

Interests and hobbies during adolescence: _____

_____

Present interests, hobbies, activities, organizations: _____

_____

How is most of your free time occupied?_____

_____

V. EDUCATION

Last grade you completed: _____

Degree(s): _____

Dates(s): _____

Relationship to schoolmates: _____

Scholastic abilities & disabilities: _____

Were you ever bullied, or given a nickname? Please explain briefly _____

_____

Do you make friends easily? Do you keep them? _____

_____

VI. OCCUPATION

Age when you started working: _____

Jobs held (in chronological order and reasons for change): _____

_____

How long employed in present job? _____

Does your present work satisfy you? (If not, in what ways are you dissatisfied?) _____

_____

Ambitions and aspirations: _____

VII. SEX INFORMATION

Parental attitudes toward sex. (For example, was there sex instruction or discussion in the home?)

_____

When and how did you derive your first knowledge of sex? _____

When did you first become aware of your sexual impulses? _____

Did you ever experience any anxieties or guilt feelings or trauma arising out of masturbation? If yes, please explain:

_____

_____

Did you ever experience any anxieties or guilt feelings or trauma arising out of sexual experience with the opposite sex? If yes, please explain:

_____

_____

Did you ever experience any anxieties, guilt feelings, or trauma arising out of sexual experience with the same sex (homosexuality)? If yes, please explain:

_____

_____

Is there any question or concern you have about sex past, present, or future, or sexual identity?

_____

_____

_____

VIII. MARITAL HISTORY (Present Marriage)

How long did you know your marriage partner before engagement? _____

For how long were you engaged? _____ How long have you been married? _____

Please describe something you liked and disliked about your mate:

What I liked the first few years:_____

What my mate liked the first few years: _____

_____

What my mate disliked the first few years: _____

_____

What I have liked the last few months: _____

_____

What I have disliked the last few months: _____

_____

What my mate has liked/disliked the last few months: _____

_____

In what areas are you most compatible? _____

_____

_____

In what areas is there incompatibility? _____

_____

_____

How do you get along with your in-laws? (This includes brothers-in-law and sisters-in-law) _____

_____

_____

Give specific examples of those things you would like to see your spouse do more often (e.g., take the garbage out, bring you a cup of coffee when you have just sat down to relax, etc.):

_____

_____

_____

Give three specific examples of things you would like to see your spouse stop doing. (Three particular things that irritate you.):

_____

_____

_____

Please list the names of your children, from the oldest to the youngest. (State if any of these children are from a previous marriage, or adopted. Also, in the birth order, please include any miscarriages or abortions.) Please give the following information:

Name: Gender: Age: Marital Status: Job: Describe each person:

IX. MARITAL HISTORY (Previous Marriages)

When were you first married, and for how long? _____

How long did you know your first spouse before engagement? _____

How long were you engaged? _____

Please describe something you liked and disliked about your previous mate:

What I liked: _____

_____

What I disliked: _____

_____

Please describe something that your previous mate liked and disliked about you:

What he/she liked: _____

_____

What he/she disliked: _____

_____

If you were married more than once before your current marriage, please answer the same questions for your other marriage(s) on another sheet.

X. FAMILY DATA

List all brothers and sisters, from the oldest to the youngest, including yourself. (State if any of these are step-siblings, or adopted. Also, in the birth order, please include any miscarriages or abortions that you know of, and any who are now deceased, their cause of death, and age at death.) Please give the following information:

Name: Gender: Age: Marital Status: Job: Describe each person:

Your relationship with your brothers and sisters:

a. Past: _____

_____

b. Present _____

_____

Brother or sister most like you, in what respect? _____

_____

Brother or sister most different from you, in what respect? _____

_____

Who played together? _____

"Father" here means the man who took primary responsibility for raising you. If that is a different person than your biological father, please describe what you know of your biological father on another sheet, and describe your father on this page.

Father's Name: _____ Current age: _____ Health (circle one): Good Average Poor

Occupation: _____ If deceased, your age at the time of his death: _____

Cause of death and age at death: _____

Kind of person: _____

His ambition for the children: _____

His relationship to the children: _____

_____

His relationship to wife (your mother): _____

His favorite child, and why: _____

_____

Which child was most like dad, and why: _____

_____

Which child was most different from dad, and why: _____

_____

As a child, I liked about my dad: _____

_____

As a child, I disliked about my dad: _____

_____

"Mother" here means the woman who took primary responsibility for raising you. If that is a different person than your biological mother, please describe what you know of your biological mother on another sheet, and describe your mother on this page.

Mother's Name: _____ Current age: _____ Health (circle one): Good Average Poor

Occupation: _____ If deceased, your age at the time of her death: _____

Cause of death and age at death: _____

Kind of person: _____

Her ambition for the children: _____

Her relationship to the children: _____

_____

Her relationship to husband (your father): _____

_____

Her favorite child, and why: _____

_____

Which child was most like mom, and why: _____

_____

Which child was most different from mom, and why: _____

_____

As a child, what I liked about my mom: _____

_____

As a child, what I disliked about my mom: _____

_____

In what ways were you disciplined by your parents as a child? _____

_____

_____

Give an impression of your home atmosphere (i.e., the home in which you grew up). _____

_____

_____

Were you able to confide in your parents? _____

_____

_____

If you were not brought up by your parents, who did raise you? Between what years? If you were raised by your parents, was there another parental figure?

_____

_____

Has anyone (parents, relatives, friends) ever interfered in your marriage, occupation, etc.?

_____

_____

Does any member of your family suffer from alcoholism, drug addiction, or anything that can be considered a "mental disorder?"

_____

_____

Are there any other members of the family about whom information regarding illness, etc., is relevant?

_____

Please try to remember any fearful or distressing experiences not previously mentioned.

_____

_____

XI. SELF-DESCRIPTION

In what kinds of situations do you most readily lose self-control? (Cite particular instances, if at all possible. Examples might be temper, uncontrollable crying, impatience, etc.):

In which situations are you best able to maintain self-control?

Give a word picture (description) of yourself as you would be described by:

1. your spouse:

2. your best friend:

3. your worst enemy:

4. yourself:

Complete the following sentences:

As a child, I:

For me, school was: _____

_____

My childhood fears were: _____

_____

My childhood ambitions were: _____

_____

My role in my group of friends was: _____

_____

The significant events in my physical and sexual development were: _____

_____

The significant events in my social development were: _____

_____

The most important values in my family were: _____

_____

What stands out the most for me about my family life is: _____

_____

Brothers' and sisters' relationships to dad were: _____

_____

Brothers' and sisters' relationships to mom were: _____

_____

My parents' relationships to us children were: _____

_____

Thank you!

Return these forms to Crossing the Bar Ministries, 4655 Briarwood Drive, Wichita Falls, TX 76310, or ctbm16@gmail.com.