

# 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 to call]

E-Mail (print clearly): \_\_\_\_\_

Gender:  Male  Female

Marital Status:  Single  Married  Divorced  Separated  Widow(er)

Spouse Name: \_\_\_\_\_ # of Children at home \_\_\_\_\_

### Christian Connections

Are you a Christian?  Yes  No  Not Sure If Yes, how long? \_\_\_\_\_

Are you a VCDC Attender?  Yes  No

If Yes, for how long? \_\_\_\_\_ How often do you typically attend weekend services \_\_\_\_\_

VCDC Small Group Leader's name \_\_\_\_\_ Leader's Phone: \_\_\_\_\_

If you attend church elsewhere, church name & city: \_\_\_\_\_

### Healing Prayer Request

Briefly describe the condition or need for which you are seeking prayer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Circle the number which best describes the seriousness of the condition or need (Urgency Value, 0 - 10)

Intermittent Problem

0

1

2

3

Impacts Daily Life

4

5

6

7

Very Serious or Life-threatening

8

9

10

[continued]

[Revised: 11/13]

Are you under a doctor's care for this need?  Yes  No

Are you on medication for this need?  Yes  No

Are you seeing a counselor related to this need?  Yes  No If at VCDC, counselor's name: \_\_\_\_\_

### **Availability**

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 and/or in after-service prayer.
2. VCDC attenders will be given scheduling priority over non-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 seek prayer as generally offered after weekend services.

\* \* \*

***Submit completed application to church receptionist,  
or you may scan and email to  
kovalcik@embarqmail.com (enter 'Soaking Prayer' in the subject line).***