



# TRANSFORMATION MINISTRIES

## Issue Focused Ministry Trainee Application Restoring the Foundation Ministry Training

### 1. SPIRITUAL LIFE

Date of Salvation \_\_\_\_\_ Do you hear the voice of the Lord?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you operate in the gifts of the Spirit? Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe:

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### 2. CHURCH LIFE

Current Church \_\_\_\_\_

Address:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Denomination or Network \_\_\_\_\_

Who do you currently recognize as your personal pastor and/or spiritual mentor/oversight?

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His/her current email address \_\_\_\_\_

Is your Pastor/Spiritual Oversight in agreement with your plans to be trained as an RTF minister?

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain \_\_\_\_\_

Would your pastor like our team to come explain RTF Ministry? Yes \_\_\_\_\_ No \_\_\_\_\_

Will he/she agree to allow you to minister RTF in your local church? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes will your church agree to be your spiritual cover? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, where do you plan to minister? And under who's cover? \_\_\_\_\_

If you are not currently attending a church, please explain \_\_\_\_\_

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### 3. ADDITIONAL BACKGROUND

We realize the following questions are very personal. Please be assured that all information is held in strict confidence. Your answers will help us better understand your needs and how we may help you. Your answers are considered, but do not disqualify you from acceptance.

Have you been involved in any of the following? (Please explain briefly the circumstances, time, degree of involvement, and your healing process.

#### A. OCCULT INVOLVEMENT

Was anyone in your family line involved in the occult or witchcraft? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please describe\_\_\_\_\_

Please describe your personal involvement/experience\_\_\_\_\_

When and with whom you received ministry for this involvement\_\_\_\_\_

How is this issue affecting you currently?\_\_\_\_\_

#### B. CULT/SECT INVOLVEMENT (*Mormonism, new age, eastern mysticism, etc.*)

Please describe your experience\_\_\_\_\_

When and with whom you received ministry for this involvement\_\_\_\_\_

How is this issue affecting you currently?\_\_\_\_\_

#### C. SRA (*Satanic Ritual Abuse*) INVOLVEMENT

Are you aware of any involvement of your family with ritual abuse? Yes\_\_\_\_\_ No\_\_\_\_\_

Are you aware if you have been involved in any way with ritual abuse? Yes\_\_\_\_\_ No\_\_\_\_\_

When and with whom you received ministry for this involvement\_\_\_\_\_

How is this issue affecting you currently?\_\_\_\_\_

#### D. DISSOCIATION

Have you ever been medically diagnosed with dissociative identity disorder, or schizophrenic? Yes\_\_\_\_\_ No\_\_\_\_\_

Please describe your experience\_\_\_\_\_

When and with whom you received ministry for this involvement\_\_\_\_\_

How is this issue affecting you currently?\_\_\_\_\_

**E. ADDICTIONS/COMPULSIVE BEHAVIORS**

Please describe your experience \_\_\_\_\_  
\_\_\_\_\_

When and with whom you received ministry for this involvement \_\_\_\_\_  
\_\_\_\_\_

How is this issue affecting you currently? \_\_\_\_\_  
\_\_\_\_\_

**F. HOMOSEXUAL ACTIVITY/BISEXUALITY/SAME SEX ATTRACTION/GENDER CONFUSION**

Please describe your experience \_\_\_\_\_  
\_\_\_\_\_

When and with whom you received ministry for this involvement \_\_\_\_\_  
\_\_\_\_\_

How is this issue affecting you currently? \_\_\_\_\_  
\_\_\_\_\_

**G. SEXUAL SIN ACTIVITY (*pornography, promiscuity, etc.*)**

Please describe your experience \_\_\_\_\_  
\_\_\_\_\_

When and with whom you received ministry for this involvement \_\_\_\_\_  
\_\_\_\_\_

How is this issue affecting you currently? \_\_\_\_\_  
\_\_\_\_\_

**H. ABUSE/TRAUMA EXPERIENCED**

Please describe your experience \_\_\_\_\_  
\_\_\_\_\_

When and with whom you received ministry for this involvement \_\_\_\_\_  
\_\_\_\_\_

How is this issue affecting you currently? \_\_\_\_\_  
\_\_\_\_\_

**4. RTF/IFM MINISTRY INFORMATION**

**Issue Focused (2-3 Hours) Personal Ministry (Required Prior to Training Event)**

Scheduled Date \_\_\_\_\_ Date completed \_\_\_\_\_

Where \_\_\_\_\_

Minister's Name \_\_\_\_\_

What are your reasons for wanting to be trained to be a RTF Minister? \_\_\_\_\_  
\_\_\_\_\_

Are you currently facing any personal or ministry related crisis? Yes \_\_\_\_\_ No \_\_\_\_\_

## 5. CHECKLIST/ACKNOWLEDGEMENTS FOR ISSUE-FOCUSED MINISTRY TRAINING:

- I understand that a \$25 application fee must accompany this application submitted to Transformation Ministries
- I understand that I must complete the Issue Focused Ministry Video Course before the first session of live training
- I understand that I must submit a current letter of recommendation from my Pastor or Spiritual Oversight with this application
- I am committed to arrive on time, complete the required activities, attend and participate in all sessions of Issue Focused Ministry Training
- I understand that receiving RTF/IFM personal ministry is required before I attend training
- I am willing to receive RTF ministry for further personal healing if recommended
- I understand that my participation in training does not guarantee that I will be released as an IFM Minister
- I understand that if I arrive to the live training and have not completed the above prerequisites that I will forfeit my tuition of \$225 and will not be allowed to participate in the live training
- I understand that I may be required to complete additional training prior to being released as an Issue Focused Minister if I do not exhibit appropriate proficiency as a minister in all areas of IFM
- I understand that if I do not complete all of the expected Training requirements, I may forfeit all funds paid and I may be required to repeat the Training before release as an IFM Minister
- I agree to register as an Issue-Focused Minister at [www.restoringthefoundations.org](http://www.restoringthefoundations.org) upon satisfactorily completing Issue-Focused Ministry training.

## 6. AGREEMENT WITH TRAINING SITUATION, RELEASE OF LIABILITY, AND DISCLOSURE

*(Check each box acknowledging your agreement)*

- I agree to practice the RTF ministry with other teams/individuals that are being trained, both them ministering to me and me ministering to them.
- I agree to maintain high levels of confidentiality.
- I am willing to sign a waiver of Liability and Confidentiality Form.
- I agree that I will arrive at the beginning and stay until the end of training.
- I agree to attend every training session so I will not be a hindrance to the training others are receiving as they minister to me (and my teammate).

## 7. ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

All payment and fees received must be paid in US currency.

**REFUND POLICY:** I understand and agree to the following refund policy:

I understand there is a non-refundable application processing fee of \$25.

If cancellation is necessary 2 weeks or more prior to the scheduled live training, then **Tuition fees** in the amount of \$225 will be refunded. All online pre-requisite courses are non-refundable. Books and resources may not be returned for refund.

Cancellation less than 2 weeks prior to training will result in **all** funds being forfeited and no refunds are given.

If a trainee should leave the training program of their own volition for any reason after the start of training, the trainee forfeits all tuition fees they have paid.

If a trainee is asked to leave the training program, per TM discretion, before the end of the training they are participating in, they may be refunded up to 50% of remaining tuition fees.

Refunds may take up to 45 days to process and send.

## 8. RELEASE OF LIABILITY

I hereby release Transformation Ministries, staff, teachers, trainers, agents, volunteer assistants and other fellow trainees from any liability whatsoever arising out of any injury, damage or loss sustained by myself during the training or any other activities while at Transformation Ministries. I accept and agree that I am responsible for obtaining any follow-up ministry that may become necessary because of hurts or wounds of the past being stirred up during training.

## 9. APPLICATION SIGNATURE

*(Check each box acknowledging your agreement)*

I certify that all information in this application is complete and accurate. I hereby submit my application for attendance for RTF Training.

My signature indicates that I have read and agree with all of the statements.

Printed Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_



## Pastor's Recommendation/Commitment Letter for RTF Ministry Trainee

Dear Issue-Focused Ministry Trainer,

I/we do approve \_\_\_\_\_ to attend and receive Restoring the Foundations ministry training as presented in the book, *Restoring the Foundations* during the RTF Issue-Focused Ministry Training.

I/we recommend him/her as a mature saint, as a person others come to for wise counsel, encouragement, and prayer; as one having a heart for seeing people healed and set free and as called to an integrated approach to biblical healing ministry as represented by Restoring the Foundations ministry.

I/we agree and commit to oversee his/her ministry, to pray for them, and to provide a place for them to minister the Issue-Focused ministry format once they satisfactorily complete the RTF Issue-Focused Ministry Training.

Sincerely, Pastor's Signature

**Please Print:**

Pastor's Name:

Date:

Church:

Address:

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_