

## SEXUAL RELATIONAL HEALING RETREAT

### MINISTRY REQUIREMENTS

Name: \_\_\_\_\_ Email \_\_\_\_\_

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

What area of the retreat has God commissioned and ordained you to work with?

What insights do you bring to this area of ministry?

What is your belief about the following:

Pre marital sex

Divorce

Abortions

Birth control

Homosexuality: sin/illness

Describe your Home dynamic

What fruit would you say best describes your character.

Conversion Statement/Testimony

Statement of Faith

Church History

What scripture defines you in ministry?

How committed would you be to the LFC training

Forms to turn in:

Pastoral Approval

Picture

Tape

Emotional Status Assessment

Relational Intimacy Questionnaire

Spiritual Gift Assessment