



RESTORING THE FOUNDATIONS

INTERNATIONAL

TRAINEE APPLICATION

Restoring the Foundations Ministry Training

All International Applicants, please email TFMTraining@restoringthefoundations.org before submitting this application.

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: _____

2. CHURCH LIFE

Current Church _____

Address:

Street _____

City _____

State/Province/Region/Country _____

Zip / Postal Code _____

Denomination or Network _____

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

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 _____

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

If no, where do you plan to minister? _____

If you are not currently attending a church, please explain _____

3. EMERGENCY CONTACT

Name _____

Address _____

Phone number _____ Cell number _____

Email Address _____

Relationship to you _____

4. 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 ___

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

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? _____

I. MISCELLANEOUS

Please check and answer the appropriate items below.

Do you have ongoing/recurring nightmares? If so, please describe. _____

Do you have any repetitive dreams or flashbacks? If so, please describe. _____

Do you have experiences of losing track of time and don't know where you've been or what you have done?

Do you have items on shopping receipts that you do not remember buying?

Do you have any difficulty taking the sacraments, such as communion or baptism?

Do you have any ongoing talk/chatter/static in your head?

Have you had a lot of previous ministry but still have a feeling of being trapped?

Have you had healing ministry before? If so, what was it called, what were the positive results and what were the negative results? _____

5. PREVIOUS RTF TRAINING and MINISTRY INFORMATION

• Issue Focused Ministry Activation Training

Date completed _____

Where _____

Leaders name _____

Did you pass? Yes ___ No ___ Were you given any conditions? If so, please explain:

How many Issue Focused Ministries have you led, or participated in, since being released as an IFM? _____

• Received Issue Focused (2-3 Hours) Personal Ministry

Date completed _____

Where _____

Minister's Name _____

• Received Thorough Format (15 Hours) Personal Ministry

Date completed _____

Where _____

Minister's Name _____

Have you made arrangements with a Trainer Team for this training? If yes, what are their names? _____

What are your reasons for wanting to be trained to be an RTF minister? _____

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

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 teaching and training session so I will not be a hindrance to the training others are receiving as they minister to me (and my teammate).
- I agree to allow the Training Coordinator to send a summary report at the end of the training I have participated in to my immediate spiritual oversight.

7. ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

All payments 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 \$150.00.
- If cancellation is necessary 30 days or more prior to the scheduled live training, then all **Tuition Fees** will be refunded. Registration/Application fees are non-refundable. All online pre-requisite courses are non-refundable. Books and resources may not be returned for refund.
- Cancellation less than 30 days 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 the training, the trainee forfeits all tuition fees they have paid and/or agreed to pay through a payment plan.
- If a trainee is asked to leave the training program, per RTFI 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 Restoring The Foundations International, Founders Chester and Betsy Kylstra, Executive Directors Lee and Cindi Whitman, and all other board members, 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 a Restoring The Foundations Regional Training Center or other training facility. 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. CHECKLIST/ACKNOWLEDGEMENTS FOR ISSUE-FOCUSED AND THOROUGH
FORMAT MINISTRY TRAINING:**

- I understand that a \$150.00 application fee must accompany this application, submitted to Restoring The Foundations, Inc
- I understand that a \$700 tuition deposit must accompany this application.
- I understand that I must complete the Essential Ministry Training Course before the first session of live training
- I understand that I must complete the Thorough Format Observation 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 Thorough Format Ministry Training
- I am willing to receive RTF ministry if recommended
- I understand that receiving RTF ministry may be required before I am released as a RTF Thorough Format Minister
- I understand that my participation in training does not guarantee that I will be released as an RTF Thorough Format minister
- I understand that if I arrive to the live training and have not completed the above prerequisites that I will forfeit my tuition 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 a Thorough Format Minister if I do not exhibit appropriate proficiency as a minister in all areas of TFM
- 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 a RTF Minister

10. 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 _____