

STATEMENT OF UNDERSTANDING

I understand that Dana Yost, Director of Prayer Ministry at Hope Community Church, is a minister of the church involved in discipleship, mentoring and prayer-healing ministry and is **not** a licensed or professional counselor, therapist, psychological or medical practitioner. I fully understand that the ministry I receive is not counseling in any form, but prayer ministry. I deem Dana as an encourager in the Christian faith, someone to assist me in my spiritual growth and maturity as a follower of Jesus Christ.

I fully accept this ministry and do not hold Dana Yost or Hope Community Church (HCC) responsible for any outcome that may arise as a result of it. I do not hold Dana or HCC responsible for any further or additional care I may need in the future, and I take full responsibility for my life, health, and well-being now and in the days to come. I realize my meeting with her is totally voluntary and that I am free to leave and/or terminate at any time for any reason. I also agree that Dana may cease facilitating prayer ministry with me at any time for any reason.

I realize that as a staff member of the church, Dana is under the direct supervision of Anna McMichael, Director of Community Life. I am also aware that she may need to intervene or report to her supervisor or other appropriate authorities if she suspects that I or someone else is currently endangered by physical or sexual abuse; that I communicate intent to harm myself or another person; or that I exhibit an impaired mental state.

I understand that I am under no financial obligation to her or the church, and that this ministry is being offered on a donation basis. Any financial contribution I choose to give to help support this ministry is a token of my appreciation and not payment for service rendered. I am also aware that this statement will remain in effect until otherwise stated in writing.

(Please Print)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ Home Phone: _____

E-mail: _____

Signed: _____ Date: _____