

Fields in Harvest

~ Ministries ~

Roger & Robin Fields
3462 Lonesome Pine Rd.
Whitakers, NC 27891
252-937-8889
www.fieldsinharvest.net



Dear Friend:

We recently received your request for a ministry appointment. Below you will find an information sheet, a ministry questionnaire, and a ministry consent form. We also suggest that you visit our website at www.fieldsinharvest.net for any additional information regarding our ministry.

Since the ministry is funded solely by donations, the suggested donation amount is \$100.00 per hour for prayer ministry. The generosity of those who are able to give enables us to minister not only to you, but also to those who may not have yet reached a place of wholeness and productivity. We would like to give you the opportunity to make your donation prior to your ministry session, which allows us to ensure the requested ministry time with no interruption in the flow of ministry by having these matters taken care of before hand. You may choose to make your donation 1 of 3 ways: by mailing a check; by phone, using credit or debit card (we accept Visa, Master Card, & American Express); or by visiting our website and selecting the "Make All Ministry Contributions option.

Once you have reviewed the information below, please mail your signed consent form and ministry questionnaire to:

**Fields of Harvest
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Upon receipt of your consent form, questionnaire, and donation, we will contact you to set up a time for your appointment or to confirm your appointment according to availability. If you have any questions, please do not hesitate to contact us at 252.937.8889. Our normal office hours are 10 a.m. to 5 p.m. Tuesday through Friday. Closed Saturday and Sunday.

We thank you for allowing us the opportunity to serve you and the Body of Christ through our ministry.

In Christ,

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We would like to give some explanation concerning the Prayer Ministry you will be receiving .

We will be asking you about any recurring dreams, memories or thoughts, so you may feel that the Lord is leading you in a specific direction through any of these means, maybe even days before we meet with you for your prayer session.

Our goal is to have the Holy Spirit lead us to the areas in your life or generational line that He may want to address.

While we may not approach the prayer session the same as other prayer ministers, we do follow the leading of the Lord and try to listen to Him closely during your session. We are not counselors, but ministers who minister generational cleansing using the gift of discernment and prophecy.

We are primarily dealing with generational issues, although we follow the direction of the Holy Spirit in each session.

You should feel free to ask any questions during your prayer time.

You may experience unexpected emotions, but please realize that the Lord is ministering to you and bringing healing to your spirit.

Please be mindful of your post-prayer activities. Your spirit has been ministered to by the Living God, so we encourage you to stay in His presence, stay in His word and protect the work that He will continue to do in you.

You may also experience some thoughts or feelings of doubt as to the success of the ministry. All healing comes in the Lord's timing. Be assured that God is faithful to complete what He begins.

Although we make no guarantees as to the results, we fully expect the Lord to work with us during your ministry session to bring you into a greater realm of freedom.

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CONSENT FORM FOR PRAYER MINISTRY

I, _____ (please print name), understand that this prayer ministry...is based in religious beliefs...and is not recognized by the secular field of psychology as a method for the resolution of psychological problems.

I also understand that the prayer session will be conducted by Roger and/or Robin Fields or other prayer ministers who have been or are being trained in the ministry of deliverance. I recognize that this step of faith has been helpful for many, but that no conclusions are guaranteed. I understand that I might experience heightened emotions and memories that were previously unknown or unresolved, that neither I nor anyone else knew about in advance. I understand that there is a possibility that one of more of these memories may be screened or false. I will not hold any of the participants responsible for my memories or behaviors. I give my consent for deliverance and am in no way being forced, pressured, or coerced to submit to this form of ministry from any person or entity. I also have the right to terminate the session at any time without penalty. I understand that the prayer minister or ministry team reserves the right to terminate the session at their discretion.

My signature is an acknowledgment that I have been informed of my rights and have had the opportunity to obtain whatever information or professional advice I deemed necessary or appropriate prior to undergoing deliverance ministry.

Client's Signature: _____ Date: _____

Address: _____

Phone Number: _____

E-Mail Address: _____

PRAYER MINISTRY QUESTIONNAIRE

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Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Telephone: _____ Age: _____ Marital Status: (S) (M) (W) (D)

Number of Children: _____ Spouse's Name (IF APPLICABLE) _____

Previous Marriages: YES ___ NO ___ If yes, how many? _____

With whom are you now living?: _____

Status of parents: _____ Parents religious background: _____

Number of children in childhood family? _____

Your birth order: 1ST ___ 2ND ___ 3RD ___ 4TH ___ 5TH ___ Other _____

Relationship to siblings: Good ___ Bad ___ Indifferent ___

Relationship to parents in childhood:

Father: Good ___ Bad ___ Indifferent ___

Mother: Good ___ Bad ___ Indifferent ___

Has there been any recent significant change in any of these relationships?

YES ___ NO ___

Did any of the following apply to you during childhood? (CIRCLE ALL THAT APPLY)

Night Terrors Bed Wetting Incest Nail Biting Broken Home

Sleep Walking Stammering Excessive Fear Problems Learning

Sexual Encounters Loneliness Molestation Unhappy Childhood

Removed from Home Inappropriate Touch Other: (PLEASE EXPLAIN BELOW)

Other: _____

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During the first 18 years of your life, how would you describe the moral atmosphere in which you were raised? _____

Is there any known freemasonry? YES ___ NO ___

Have you received any ministry in this area? YES ___ NO ___

To your knowledge, has there been any involvement in any occult, cultic, or non-christian religious practices by your parents, grand-parents, great-grandparents, or any other family members? YES ___ NO ___ (PLEASE USE EXTRA SPACE BELOW, IF NEEDED)

Are you presently involved with a church or ministry? YES ___ NO ___

Name of Church or Organization: _____

Any past Church or religious involvement that you would like us to know about? _____

Have you struggled with or had difficulty controlling any of the following?

*(PAST OR PRESENT CHECK ALL THAT APPLY)

Thoughts of:

Obsessive ___ Lustful ___ Inferiority ___ Doubts ___ Compulsive ___
Worthlessness ___ Blasphemous ___

Moods of:

Worry/Restlessness ___ Depression ___ Anger ___ Frustration ___
Hatred ___ Anxiety ___ Insecurity ___ Bitterness ___ Jealousy ___
Day Dreaming ___ Loneliness ___

Fear of:

Hurting Loved Ones ___ Committing Suicide ___ Losing your Mind ___
Death ___

Other:

Fantasy ___ Dizziness ___ Headaches ___ Pornography ___

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Medical History

Are you currently under a doctor's care? YES ___ NO ___
Psychiatrist ___ Therapist/Counselor ___ If in therapy , for how long? _____
Drug therapy? YES ___ NO ___ Any hospitalization for emotional illness? YES ___ NO ___
If yes, when and for how long? _____
Any street drug usage? YES ___ NO ___ If yes, when and for how long? _____
Any alcoholism? YES ___ NO ___ If yes, when and for how long? _____
Any Major Operations? YES ___ NO ___
Date: _____ Surgery: _____
Date: _____ Surgery: _____
Date: _____ Surgery: _____

Spiritual History

How would you describe your relationship with God? _____

Do you have regular devotion time in the Bible? YES ___ NO ___
Do you find prayer difficult? YES ___ NO ___
What type of music do you most enjoy? _____
How many hours of TV per week? _____
Are there any spiritual experiences that you think that you think we should know about
or that you would like to share with us? _____

*(Keep in mind that we will be asking you about any recurring dreams, thoughts, memories, or visions during your ministry session.)

I understand that this questionnaire will be seen only by the Prayer Ministers and the Ministry Team.

Signature: _____ Date: _____

Please give a brief personal history: _____

