**INNER FREEDOM MINISTRY APPLICATION**

Please print: Date of Application\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ o Male o Female Age:\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_Zip\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: o Married o Divorced o Single

Have you received ministry from Agape’s Inner Freedom Team in the past? \_\_\_ yes \_\_\_ no

Approx. date \_\_\_/\_\_\_/\_\_\_ If you are returning for ministry how many sessions would you prefer? \_\_\_\_\_\_\_\_\_

Why would you like to receive ministry with Agape’s Inner Freedom Team? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you received counseling through your church or a licensed counselor?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, with whom?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last date of ministry\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who referred you to the Inner Freedom Ministry? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Attending\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a leadership role in your church? \_\_\_ yes \_\_\_ no

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there someone you can ask to be your prayer partner during these ministry sessions? \_\_\_ yes \_\_\_ no

(Prayer partner will need to come to your first meeting after that you will check in with them weekly)

Prayer Partner’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you and your prayer partner be willing to fast the day of or day before your ministry sessions? \_\_\_\_\_\_\_\_

(Ask the Lord what He wants you to fast: It can be fasting a meal a day, all food, certain foods, media, etc.)

At this time we are scheduling sessions on Mondays. Please mark **all** times that will work for you:

(these are approximately 1 ½ - 2 ½ hours long)

o 1:00pm o 1:30pm o 3:30pm o 4:00pm o 6:00pm o 6:30pm other\_\_\_\_\_\_\_\_

**When your application is received, we will contact you to schedule your ministry sessions.**

**\*DONATION:**

Our team members offer biblical spiritual ministry to anyone regardless of their ability to donate. Although, there is no charge for our services, all efforts to train our team members and build this ministry are made possible from the donations of those receiving these services**. Therefore, we suggest a donation of $50.**

This can be included with your registration, brought with you to the session, or given when you are able. Please make donations payable to Agape Family Fellowship. Thank you!

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Contacted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appointment Dates & Times: 1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ 2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

3)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ 4)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ 5)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

6)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ 7)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

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**LIABILITY RELEASE FOR AGAPE FAMILY FELLOWSHIP**

**INNER FREEDOM MINISTRY**

I, (print name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledge that team members from the INNER FREEDOM ministry at Agape Family Fellowship have voluntarily agreed to pray for me.

I understand that this session is not a professional counseling meeting and that none of the team members are licensed counselors.

I understand that these team members are, to the best of their ability, doing what they can to help me achieve more freedom in my life.

I understand that Agape Family Fellowship, Albany is a nonprofit Oregon Corporation that makes no charge for its services (\*Donation on Application page).

I further state that I have voluntarily sought assistance of my own initiative and that I am under no obligation to accept or reject any of the advice or help that I might receive from the team members of this ministry.

I understand that if I receive ministry from the Agape Family Fellowship Inner Freedom Ministry, the team is committed to respect the disclosed information, but not to complete confidentiality. The information, as needed, may be shared with other leaders of the Inner Freedom Ministry so as to further my total healing process. This may include future meetings with spiritual mentors in the church to set appropriate boundaries for my personal and spiritual growth. We are mandatory reporters of abuse towards those unable to protect themselves.

I agree to hold Agape Family Fellowship and its Inner Freedom team members and pastors free from any and all liability, loss, or damage of any kind that may arise as a result of assistance which I have received or from my involvement with Agape Family Fellowship.

I have read this disclaimer and Liability Release form and fully understand and agree with it and have executed it as my free and voluntary act.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian if under 18 yrs of age Date

Mail to: Agape Family Fellowship

Att: Inner Freedom Ministry

PO Box 198

Tangent, OR 97389

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