

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? _____

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 _____

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 12:00pm o 4:00pm o 6:30pm other _____

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

OFFICE USE ONLY

Date Received: _____ Date Contacted: _____
Appointment Dates & Times: 1) _____/_____/_____
2) _____/_____/_____
3) _____/_____/_____
4) _____/_____/_____
5) _____/_____/_____

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 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

or email to: agapeinnerfreedom@gmail.com