

## FREEDOM MINISTRY RELEASE FORM

### Confidentiality/Privacy Policy:

The attached Questionnaire Form will be seen only by the FREEDOM Ministry Team members ministering to you and the FREEDOM Ministry Team Leaders/Pastor(s) who oversee the FREEDOM Ministry of Christ Community Church (CCC).

The Confidential Questionnaire will not be copied or retained; it will be returned to you at the ministry session. The Release Form and your contact information will be retained by CCC, but will not be shared. Any written notes and comments by the Team members to each other during your ministry session will not be retained after the session.

### Mandatory Reporting:

If you tell us about an illegal activity either by you or against you, such as the beating/rape/abuse of your spouse, a child, or yourself, or if you reveal that you are planning to commit suicide, homicide, or otherwise harm someone, we are legally required by Federal and State law to report this to both local and State Police immediately following the ministry session.

### Consent to Receive Ministry:

I have been informed and understand that the FREEDOM Ministry is a ministry of deliverance based on religious belief and is not recognized by the secular field of psychology as a method for the resolution of psychological problems, and that this is NOT a counseling ministry. I further understand that the ministry session(s) will be conducted by trained members from CCC's FREEDOM Ministry Team who are NOT licensed counselors. I understand that the Ministry Team will include one or more prayer intercessors who will be praying for me throughout the session(s) for God's freedom, healing and guidance.

I recognize that this step of faith has been helpful for many people but has not been scientifically proven. I understand that I might experience heightened emotions and memories that were previously unknown and/or unresolved, and that neither I nor anyone else knew about in advance. I understand that there is a possibility that one or more of these memories may be distorted or false. I will not hold CCC or any of the ministry participants responsible for my memories or behaviors, either during or after receiving ministry.

I give my consent for this deliverance ministry, and am in no way being forced, pressured, or coerced to submit to this procedure from any person or entity. I also understand that I have the right to terminate the session(s) at any time with no repercussions.

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 that I deemed necessary or appropriate prior to receiving this deliverance ministry.

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorization by parent or guardian if recipient is a minor:

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Christ Community Church

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**FREEDOM MINISTRY REQUEST FORM**  
Confidential Questionnaire

Name \_\_\_\_\_ Date \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email Address (if you want to be contacted by email): \_\_\_\_\_

Family Background Information:

Number of Children in Childhood Family \_\_\_\_\_ Your Position in Birth Order: 1 2 3 4 5

Relationship to your Father in Childhood      Good \_\_\_\_\_ Bad \_\_\_\_\_ Indifferent \_\_\_\_\_

Relationship to your Mother in Childhood      Good \_\_\_\_\_ Bad \_\_\_\_\_ Indifferent \_\_\_\_\_

Relationship to your Siblings      Good \_\_\_\_\_ Bad \_\_\_\_\_ Indifferent \_\_\_\_\_

Personal History - Circle All that Apply to You, Now or Previously, Including Your Childhood:

- |                 |                            |                               |                            |
|-----------------|----------------------------|-------------------------------|----------------------------|
| Night Terrors   | Learning Problems          | Suicidal Thoughts             | Bullied                    |
| Nightmares      | Emotional Problems         | Fear of Death                 | Emotional Abuse            |
| Anxiety Attacks | Behavioral Problems        | Physical Abuse                | Repeatedly Berated         |
| Anger / Rage    | Broken Home                | Inappropriate Touch           | Removed from Home          |
| Fear / Worry    | Hearing Voices             | Molested                      | Abortion                   |
| Fantasies       | Fear of Hurting Loved Ones | Non-Marital Sexual Encounters | Lustful/Perverted Thoughts |

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Status of Parents:

Married      Separated      Divorced      Deceased (Father) (Mother)

Religious Background:    Mother \_\_\_\_\_ Father \_\_\_\_\_

Ethnicity of Parents:      Mother \_\_\_\_\_ Father \_\_\_\_\_

Personal Faith History:

Church Affiliation:    Previous \_\_\_\_\_ Present \_\_\_\_\_

Explicitly Gave Your Life To Christ? (Yes) (No)    Date \_\_\_\_\_

Water Baptism (Yes) (No)    Church \_\_\_\_\_    Baptized Date \_\_\_\_\_

Marital Status:    Married    Separated    Divorced    Remarried    Single    Widowed

Have any of your parents, grandparents, or great-grandparents ever been involved in the occult, cults, witchcraft, Satanism, Free Masonry, Mormons, Jehovah Witnesses, eastern religions, or other non-Christian spiritual, religious or cult practices? (Yes) (No)

Have you ever previously received deliverance ministry? (Yes) (No)

If Yes, how long ago, and where? \_\_\_\_\_

Describe the type of spiritual oppression you are seeking freedom from (please be specific):

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

*Please place this completed FREEDOM Ministry Request Form with signed Release Form in a sealed envelope and forward to Lance Borden or Pastor Sheri Hess so that we can get in touch with you to schedule a ministry appointment.  
Mail to: Freedom Ministry, Christ Community Church, 1217 Slate Hill Road, Camp Hill, PA 17011*