

# APPLICATION FOR DELIVERANCE

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We gladly offer deliverance ministry to born-again believers who desire freedom. We all have varied experiences and backgrounds that can affect our spiritual walks. It is our goal to effectively help you receive liberation and assist you in your Christian growth and maturity. To be considered for a deliverance appointment, complete this application in its entirety. Included in this application:

**Pastoral Permission Form.** It is important that individuals who receive deliverance ministry are attending a local church, so that they will be able to receive the necessary pastoral care and support required to walk out their freedom. This page must be signed by your pastor, to confirm that he/she feel this is an appropriate form of ministry for you. We also want your pastor to understand that we do not intend to undermine his/her spiritual authority in any way.

**Agreement Form & Virtual Ministry Agreement Form.** By returning these forms signed, you grant us permission to minister deliverance to you.

**Financial Requirement.** Your signature is required on this page to acknowledge that you have read and agree to the described financial requirement for deliverance appointments.

**Deliverance Guidelines.** Your signature is required on this page to acknowledge that you have read and agree to the described guidelines and requirements for deliverance ministry.

**Applicant Questionnaire.** Please fill out the questionnaire in its entirety, to the best of your ability. Completed questionnaires greatly assist the ministry team in determining the roots of many present issues and provides a solid foundation from which they can begin seeking the Holy Spirit's guidance in how to effectively minister to you. All information provided will remain confidential. It will not be shared with any individual outside of the ministry team. All returned ministry applications and files are stored in a locked area.

To be considered for a deliverance appointment, fully complete all pages within this application. Mail your finished application, with all required signatures present, to:

Joanna Adams c/o Eagle Worldwide Ministries  
PO Box 39, Copetown, ON, L0R 1J0

For a faster response, you can submit your application as an email attachment to:  
[joanna@eagleworldwide.com](mailto:joanna@eagleworldwide.com)

*NOTE: We receive more applications than we are able to accommodate. Therefore, the submission of a completed application does not guarantee an appointment. We prayerfully consider each application received and select individuals as the Holy Spirit leads. If your application is approved, you will be contacted directly. Also, due to the volume of applications, if your application is approved, you will likely experience a wait before your appointment time.*

# PASTORAL PERMISSION FORM

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*And these signs will follow those who believe: **In My name they will cast out demons** speak in new tongues; they will take up serpents; and if they drink anything deadly, it will by no means hurt them; they will lay hands on the sick and they shall recover. Mark 16:17-18*

**Note to the Applicant:** We require your pastor's approval, to ensure that you are properly connected to and attending a church. Your pastor must be aware that you are receiving deliverance ministry so that he/she can help you with the post-deliverance process, as needed. Please have your pastor sign below before you submit your application.

Dear Pastor,

A member of your congregation is interested in receiving deliverance. We want to ensure you are fully informed of our intentions as a ministry/minister in advance and that you give your permission for this individual to receive ministry. Our intention is to assist this individual with his/her spiritual walk by providing personalized deliverance ministry that addresses the blocks and hinderances that he/she is experiencing.

Deliverance ministry is conducted by appointment only. It is not a form of counselling or long-term support, as we typically only provide one initial, full-length appointment per individual, with only one or two shorter follow-up appointments, if required. We have no intention of "stealing sheep" (telling your congregation member to change to our church, or to step out of the spiritual covering that God has ordained). We are simply here to assist your congregation in receiving freedom from demonic oppression, as the Holy Spirit leads.

Following the deliverance appointment, we recommend following up with him/her regularly and providing any prayer support he/she may require to maintain freedom. Thank you for taking the time to read and complete this form. Be assured that we have the applicant's best interest at heart and will ensure he/she is treated with respect, dignity, love and compassion.

Name of Applicant: \_\_\_\_\_ Name of Pastor: \_\_\_\_\_

Name of Church/Fellowship: \_\_\_\_\_

I \_\_\_\_\_ (name of pastor) give my blessing to \_\_\_\_\_ (name of applicant), a member of my congregation, to receive deliverance ministry, as described above and outlined throughout this application.

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# AGREEMENT FORM

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I, \_\_\_\_\_ (name of applicant), acknowledge that I willfully request to receive personal deliverance ministry, as outlined on this form and throughout this application. I also understand that, due to the high volume of applications, submitting this application does not guarantee me a deliverance appointment. If approved, I understand that I may experience a wait.

I understand that God is my deliverer, and no member of the deliverance ministry team is responsible for or able to guarantee any particular result following the completion of my appointment. I understand it is my responsibility to be truthful and open during my appointment and to maintain my deliverance and freedom after I receive it.

I agree not to hold any member of the deliverance ministry team, or anyone assisting them, responsible or liable for any spiritual, emotional, psychological and/or physical results, or lack thereof, prior to, during, or following my deliverance appointment. I agree to hold every member of the deliverance ministry team, and anyone assisting them, guiltless and blameless. I agree to never bring litigation against them or their ministries, as I agree with what 1 Corinthians 6:1-9a says regarding lawsuits among believers:

*If any of you has a dispute with another, do you dare to take it before the ungodly for judgment instead of before the Lord's people? Or do you not know that the Lord's people will judge the world? And if you are to judge the world, are you not competent to judge trivial cases? Do you not know that we will judge angels? How much more the things of this life! Therefore, if you have disputes about such matters, do you ask for a ruling from those whose way of life is scorned in the church? I say this to shame you. Is it possible that there is nobody among you wise enough to judge a dispute between believers? But instead, one brother takes another to court – and this in front of unbelievers! The very fact that you have lawsuits among you means you have been completely defeated already. Why not rather be wronged? Why not rather be cheated? Instead, you yourselves cheat and do wrong, and you do this to your brothers and sisters. Or do you not know that wrongdoers will not inherit the kingdom of God? (NIV)*

I agree to the above statements, as well as the spiritual, legal, practical and financial requirements, as outlined above and throughout this application, in order to be considered for a deliverance appointment.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# VIRTUAL MINISTRY AGREEMENT FORM

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All personal ministry appointments are conducted virtually.

I acknowledge that I willfully request to receive personal deliverance ministry virtually, via Zoom, Skype, or a similar digital platform. I understand all the forms that were signed regarding an in-person deliverance appointment are equally as binding for a virtual deliverance appointment. I understand that while the ministry team will do their best to assist me, it is ultimately my responsibility to know how to access my digital appointment and properly use the software associated with it. I acknowledge that the ministry team cannot be responsible for technical support or any glitches that may occur during my session. Due to scheduling, I understand that my session timeframe likely will not be able to be extended to accommodate any such issues, or any other problems that may arise within my own home (i.e. children needing care) during my timeframe.

I understand the recommendation that I find a quiet, comfortable, and private location to be in during my appointment, one where I can remain undisturbed for the entire timeframe. I also understand that I have been advised to have sufficient Kleenex, water, a trash can, and related items in the room and easily accessible to me prior to the start of the ministry session. I understand that no additional parties are permitted to be within the room during my ministry time, unless previously agreed upon by the minister. I understand my session is meant for myself only, and that if anyone within my household requires ministry, they must schedule their own separate sessions.

I understand that God is my deliverer, and no member of the deliverance ministry team is responsible for or able to guarantee any particular result following the completion of my appointment. I understand it is my responsibility to be truthful and open during my appointment and to maintain my deliverance and freedom after I receive it. I agree not to hold any member of the deliverance ministry team responsible or liable for any spiritual, emotional, psychological, and/or physical results, or lack thereof, prior to, during, or following my deliverance appointment. I agree to hold every member of the deliverance ministry team, and anyone assisting them, guiltless, and blameless. I agree to never bring litigation against them or their ministries, as regarding lawsuits among believers, I agree with 1 Corinthians 6:1-9a.

I understand that I may experience manifestations such as coughing, yawning, vomiting, thrashing, screaming, etc. during my session. While they will work to keep such manifestations under control, the ministry team is not liable for any injury or damage, whether to myself, those around me, my property, etc., that may result from such manifestations or any other occurrence during my session.

I agree not to record the video or audio of the ministry session in any way, except for when the ministry team permits me to record the audio of any prophetic words. I agree any document provided to me (such as client prayers) remains the property of the ministry, is for session use only, and may not be copied, distributed, or otherwise shared in any way. I understand the risks involved with receiving ministry virtually, and I agree to, accept, and am willing to assume such risks.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# FINANCIAL REQUIREMENT

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We appreciate and value your time and your desire to receive freedom. Every ministry appointment is special, and the time is specifically reserved for the person coming to receive it.

We also appreciate and value the time, giftings, abilities and talents of our ministers. Ministering in deliverance is often physically, emotionally and spiritually taxing. The average deliverance appointment is two hours and typically requires three individuals (a leader, an assistant and an intercessor, who is often praying off-site). In addition to the appointment time, for each approved applicant, time is also spent coordinating his/her appointment(s), reviewing questionnaire information, fasting and praying individually and as a team beforehand and afterwards, physically and spiritually preparing the ministry room in advance and cleaning the ministry room post-deliverance.

Because of this, **the minimum financial payment required is ~~\$100~~ per deliverance appointment.** It is not uncommon for clients to give more than the minimum amount. We recommend seeking the Holy Spirit to ask how much He would have you give. The ministry team requires and expects this payment. Payment must be made in person, at the appointment, with cash or cheque (debit and credit are unavailable). For virtual appointments, payment must be made via eTransfer in advance. If, at this time, you are unable to meet the minimum requirement, we recommend seeking out a sponsor to cover your cost prior to submitting your application, as by signing below you are acknowledging that you are able to give at least the minimum.

We receive more applications than we can accommodate, and therefore do not take the application selection process lightly. We also must ensure that no appointment times go wasted or are taken for granted, as we, as a ministry/ministers, want to be good stewards of the timeslots God has given us to fill. If you are unable to make your booked appointment, please provide at least 48 hours' notice so that we can adequately offer the ministry time to another applicant. If you must cancel less than 48 hours before your appointment, or do not show up to your appointment, a cancellation fee of \$50 may apply before you are given another appointment time.

I have read, understood and agree to the above financial requirements in order to be considered for a deliverance ministry appointment. I agree that I can meet the minimum \$100 financial requirement for each appointment that I choose to book. I also agree to pray and ask the Holy Spirit if He would have me give more than the minimum. I understand that if I cancel my appointment less than 48 hours in advance, or do not show up, I may be required to pay a \$50 cancellation fee before I am given another appointment time. I agree to arrive promptly to my appointment(s). I understand that if I arrive late, my appointment may be shorter than usual in order to avoid a delay in the remainder of the day's scheduling.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# DELIVERANCE GUIDELINES

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## **What are the requirements in order to receive deliverance ministry?**

A person must:

- Be a born-again believer who genuinely desires help and freedom.
- Believe that God has the power to set him/her free.
- Understand that deliverance is not a form of counselling or long-term support.
- Fully and honestly complete this application and submit it, as per the instructions on page 1.
- Be regularly attending a local church, as outlined and confirmed on page 2.
- Understand that he/she has a responsibility to maintain freedom following the appointment.
- Make any required practical changes to fix wrong behaviours/situations post-deliverance.
- Respect the decision of the ministry team regarding my application's approval result.

## **What are my obligations as the person receiving ministry?**

- To understand that God is my deliverer, and the ministry team cannot guarantee my desired results.
- To arrive promptly to any booked appointment time(s) and provide adequate financial compensation for appointments cancelled less than 48 hours before, as outlined on page 4.
- To provide for myself any necessary transportation, meals, lodging, childcare, etc., as the ministry cannot provide such things for me.
- To spiritually prepare for my appointment(s), as the Lord leads (i.e. pray, fast).
- To maintain an honest and open attitude during my appointment(s).
- To allow the ministry team to set the length of my appointment, as the Holy Spirit leads, and to respect and accept the structure of my appointment.
- To understand that if assistance maintaining freedom post-deliverance is required, I should ask my pastor for such support.

## **What are the obligations of the deliverance ministry team?**

- To follow the leading of the Holy Spirit while providing ministry.
- To treat you with honour, respect, dignity, love and compassion.
- To provide their undivided attention and focus only on you during your appointment(s).
- To spiritually prepare for your appointment(s), as the Lord leads (i.e. pray, fast).
- To keep personal information shared within your application/during appointment(s) confidential.

I understand and agree to the above guidelines, obligations and requirements:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# APPLICANT QUESTIONNAIRE

*All Information Will Remain Confidential*

## — PERSONAL PROFILE —

**Full Name:** \_\_\_\_\_  Male  Female **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Marital Status:**  Single  Married  Divorced  Remarried  Widowed

**Are you currently pregnant or do you expect to be pregnant within the next 3 months?** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_ **Salvation Date:** \_\_\_\_\_

**Current Home Church:** \_\_\_\_\_

## — SPIRITUAL PROFILE —

**Do you have assurance of salvation?**  YES  NO

If no, please explain:

**Briefly describe your salvation experience. Was your life really changed?**

**Have you been water baptized since your salvation?**  YES  NO

If yes, when?

**What is your church background (denomination, church experience, etc.)?**

**Are you filled with the Holy Spirit and speak in tongues?**  YES  NO

**Do you tithe?**  YES  NO

— IMMEDIATE FAMILY PROFILE —

**Father's Birthplace** (City, Province/State, Country):

**Mother's Birthplace** (City, Province/State, Country):

**To the best of your knowledge, were you a planned child?**       YES    NO    UNSURE

**Were you the gender your parents were hoping for?**       YES    NO    UNSURE

**Were you "bonded at birth"?**       YES    NO    UNSURE

**Were you conceived out of wedlock?**       YES    NO    UNSURE

**Were you adopted?**       YES    NO    UNSURE

If yes: At what age?      Do you know your biological parents?

**Check the home(s) in which you were raised:**

- |   |  |
|---|--|
| <input type="radio"/> Both Biological Parents' Home | <input type="radio"/> Biological Father's Home |
| <input type="radio"/> Biological Mother's Home      | <input type="radio"/> Adoptive Parent(s) Home  |
| <input type="radio"/> Grandparent(s) Home           | <input type="radio"/> Other Relative's Home    |
| <input type="radio"/> Friend's Home                 | <input type="radio"/> Foster Home(s)           |
| <input type="radio"/> Orphanage                     | <input type="radio"/> Other:                   |

**Was yours a happy home during childhood?**       YES    NO

**Do you remember a lot about your childhood?**       YES    NO

**Were you raised in a Christian home?**       YES    NO

**Were you raised in a physically or verbally abusive home?**       YES    NO

If yes, please explain:

**Was your upbringing in an alcoholic or drug dominated home?**       YES    NO

If yes, please explain:

**Were you sexually abused at home?**       YES    NO

If yes, please explain:



**Were you sexually abused outside of home?**  YES  NO  
If yes, please explain:

**How would you describe your household's financial situation growing up?**  
 Poor  Below Average  Average  Above Average  Highly Affluent

**Is your father living?**  YES  NO How old were you when he died?

**Is/was your father Christian?**  YES  NO  UNSURE  BACK-SLIDDEN

**Check any of the following traits that apply/applied to your father:**

- Passive  Strong  Manipulative  Aggressive  Controlling
- Angry  Depressed  Addicted  Mental Illness  Perfectionist
- Abusive  Bitter  Fearful  Anxious  Self-Hating
- Sexual Perversions  Witchcraft/Occult/False Religion Involvement
- Anything Else Important to Note:

**Would you say you had a good relationship with your father?**  YES  NO

**Is your mother living?**  YES  NO How old were you when she died?

**Is/was your mother Christian?**  YES  NO  UNSURE  BACK-SLIDDEN

**Check any of the following traits that apply/applied to your mother:**

- Passive  Strong  Manipulative  Aggressive  Controlling
- Angry  Depressed  Addicted  Mental Illness  Perfectionist
- Abusive  Bitter  Fearful  Anxious  Self-Hating
- Sexual Perversions  Witchcraft/Occult/False Religion Involvement
- Anything Else Important to Note:

**Would you say you had a good relationship with your mother?**  YES  NO

**Where do you fall in your sibling line?**

— GENERATIONAL PROFILE —

**Check any that you, your parents, or your grandparents have been involved in:**

- |   |  |  |
|---|--|--|
| <input type="radio"/> Occultism         | <input type="radio"/> Jehovah's Witness      | <input type="radio"/> Hinduism           |
| <input type="radio"/> Buddhism          | <input type="radio"/> Islam                  | <input type="radio"/> Catholicism        |
| <input type="radio"/> New Age           | <input type="radio"/> Rosicrucian            | <input type="radio"/> Mormonism          |
| <input type="radio"/> Latter Day Saints | <input type="radio"/> Spiritist Churches     | <input type="radio"/> Christadelphians   |
| <input type="radio"/> Scientology       | <input type="radio"/> Seventh Day Adventists | <input type="radio"/> Religious Communes |
| <input type="radio"/> Theosophy         | <input type="radio"/> Native Religions       | <input type="radio"/> Unification Church |
| <input type="radio"/> Gurus             | <input type="radio"/> Christian Science      | <input type="radio"/> Bahai              |
| <input type="radio"/> Unity             | <input type="radio"/> Atheism/Agnosticism    | <input type="radio"/> Other:             |

If you checked any of the above, please describe the involvement (who, when, what extent):

**Have you, your spouse, your parents, or your grandparents been involved in Freemasonry?**

- YES     NO

If yes, please describe the involvement (who, when, extent):

**Check any that you, your parents or your grandparents have suffered from:**

- |                                  |                                      |  |  |
|----------------------------------|--------------------------------------|--|--|
| <input type="radio"/> High Fever | <input type="radio"/> Arthritis      | <input type="radio"/> Cancer                         | <input type="radio"/> Virus Infections   |
| <input type="radio"/> Asthma     | <input type="radio"/> Hay Fever      | <input type="radio"/> Allergies                      | <input type="radio"/> Impotency          |
| <input type="radio"/> Scoliosis  | <input type="radio"/> Diabetes       | <input type="radio"/> Fibromyalgia                   | <input type="radio"/> Multiple Sclerosis |
| <input type="radio"/> Blindness  | <input type="radio"/> Blood Disease  | <input type="radio"/> Mental Problems                | <input type="radio"/> Muscular Dystrophy |
| <input type="radio"/> Alcoholism | <input type="radio"/> Drug Use       | <input type="radio"/> Chronic Pain                   | <input type="radio"/> Sleeping Disorders |
| <input type="radio"/> Deafness   | <input type="radio"/> Heart Problems | <input type="radio"/> Premature Death Due to Illness |  |
| <input type="radio"/> Other:     |                                      |  |  |

If you checked any of the above, please elaborate:

## — IN-DEPTH PERSONAL PROFILE —

### Check any of the following that apply to you:

- Heartbroken
- Self-Hating
- Angry
- Use Profanity
- Frustrate Easily
- Jealous of Others
- Difficulty Forgiving
- Rejected
- Suicidal
- Controlling
- Aggressive
- Restless
- Abusive
- Worrier
- Feel Guilty
- Critical
- Perfectionist
- Fatigued
- Superstitious
- Depressed
- Fearful
- Manipulative
- Violent
- Rebellious
- Prideful
- Melancholy
- Discouraged
- Gossip
- Addicted
- Insomniac
- Man-Pleasing
- Lonely
- Anxious
- Jealous
- Impatient
- Bitter
- Egotistical
- Insecure
- Lie Often
- Passive
- Strong

### Check any of the following addictions that you struggle with:

- Food
- Masturbation
- Gambling
- Smoking
- Social Media
- Other:
- Coffee/Caffeine
- Sex
- Spending
- Vaping
- Internet
- TV/Movies
- Pornography
- Alcohol
- Sports
- Gaming
- Exercise
- Drugs
- Approval

### Check any of the following that you are currently involved with:

- Martial Arts
- Inappropriate Music
- Speed
- Other Street Drugs. Specify:
- Masonry
- Marijuana
- Crack
- Cults/Gangs
- LSD
- Uppers
- Yoga
- Cocaine
- Downers

### Check any of the following physical conditions affecting you:

- Blood Pressure Issues
- Chemical Imbalance
- Ear Problems
- Seizures
- Eye Problems
- Epilepsy
- Allergies
- Joint Pain

- Gnashing Teeth
- Diabetes
- Heart Problems
- Asthma
- Back Problems
- Gluttony
- Anorexia
- Other Eating Disorder. Specify:
- Unknown/Undiagnosed Illness. Describe:
- Other:

**Check any of the following conditions affecting you or that you have been diagnosed with:**

- Issues Concentrating
- Trouble Focusing
- Confusion
- Mind Blocks
- Difficulty Learning
- ADHD
- Madness
- OCD
- Alzheimer's
- Senility
- Bipolar
- Anxiety
- Schizophrenia
- Insanity
- Metal Illness
- Depression
- Hallucinations
- Hearing Voices
- Other:

**Describe any medications you're currently taking:**

**Have you ever had psychiatric counselling?**  YES  NO  
If yes, when:

**Have you ever attempted suicide?**  YES  NO

**Do you show/express emotions or bury them?**  SHOW  BURY

**Do you suffer from frequent bad dreams/nightmares?**  YES  NO  
If yes, describe any recurring themes or patterns:

**Do you have any tattoos?**  YES  NO

**Have you ever been involved with the occult, witchcraft, or New Age?**  YES  NO

If so, check how you would best categorize your involvement:

- CURIOSITY/EXPERIMENTAL (i.e. used a Ouija board once as a kid)
- MODERATE (i.e. saw a psychic for a while, dabbled in practicing witchcraft)
- HEAVY/SEVERE (i.e. became a witch, made pacts with the devil)

**Have you ever read books on occultism or witchcraft?**  YES  NO  
If yes, describe (book/reason for reading):

**Have you made pacts with Satan/had any made on your behalf?**  YES  NO  
If yes, describe:

**To your knowledge, have you experienced any Satanic Ritual Abuse?**  YES  NO  
If yes, describe:

**Do you know of any curse placed on you/your family?**  YES  NO  
If yes, describe (nature of curse/when/by whom/why):

**Have you or a partner of yours ever had an abortion?**  YES  NO  
If yes, describe (how many/when):

**Describe any inner vows (something you swore on the inside) that you have made** (i.e. “I will never marry anyone like my father,” “I’ll never have children,” “I’ll never be like him/her”):

**Describe any word curses that you have spoken over yourself/others have spoken over you** (i.e. “You’re dumb,” “I’m a failure,” “My back is killing me,” “I can’t hear God,” “My kids will be the death of me,” “You’ll never succeed in life,” “I’m never good enough”):

**Describe any negative patterns in your life** (i.e. can’t keep a job/always get fired, always late, broken relationships, recurring financial blocks, repeatedly falsely accused):

**Describe any sinful behaviours that you are currently experiencing** (i.e. unforgiveness, fornication, pornography):

**Have you previously received deliverance or inner healing ministry?**  YES  NO  
If yes, describe:

**Is there anything else you wish to share that you feel would be helpful for your session?**

**Thank you for completing your application!**

It will be prayerfully considered and, *if accepted*, someone will be in touch with you.