

CHILD APPLICATION FOR DELIVERANCE

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 your child receive liberation and assist your child in his/her Christian growth and maturity. For your child to be considered for a deliverance appointment, complete this application in its entirety. In this application, you will find:

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 child's pastor, to confirm that he/she feel this is an appropriate form of ministry for your child. We also want your child's 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.

Child Questionnaire. To be completed by your child alone, if able, or with parental assistance.

Parent 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 your child. 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.

Fully complete all pages within this application, with all required signatures, and mail it to:

Joanna Adams c/o Eagle Worldwide Ministries
P.O. Box 47509, RPO Centre Mall, Hamilton, ON, L8H 7S7

For a faster response, you can submit your application as an email attachment to:
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 child's application is approved, you will be contacted directly. Also, due to the volume of applications, if your child's application is approved, you will likely experience a wait before his/her appointment time.

PASTORAL PERMISSION FORM

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

I, _____ (name of parent/guardian), acknowledge that I willfully request for my child 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 my child a deliverance appointment. If approved, I understand that my child may experience a wait.

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

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 child's 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 for my child to be considered for a deliverance appointment.

Name of Parent/Guardian: _____ Signature: _____ Date: _____

Name of Child: _____ Full Address: _____

Phone #1: _____ Phone #2: _____

Email: _____

VIRTUAL MINISTRY AGREEMENT FORM

All personal ministry appointments are conducted virtually.

I acknowledge that I willfully request my child 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, it is ultimately my responsibility to know how to access any 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 the session. Due to scheduling, I understand that the session timeframe likely will not be able to be extended to accommodate any such issues, or any other problems that may arise within my home (i.e. other children needing care) during this timeframe.

I understand the recommendation that myself/my child find a quiet, comfortable, and private location to be in during the appointment, one where we can remain undisturbed. 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 prior to the start of the ministry session. I understand that no additional parties are permitted to be within the room during the ministry time, unless previously agreed upon by the minister. I understand the session is meant for my child only, and that if anyone else within my household requires ministry, they must schedule their own separate sessions.

I understand that God is my child's deliverer, and no member of the deliverance ministry team is responsible for or able to guarantee any particular result following the completion of the appointment. I understand it is my/my child's responsibility to be truthful and open during the appointment and to maintain deliverance and freedom afterwards. 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 the 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 1 Corinthians 6:1-9a regarding lawsuits among believers,

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

Print Name: _____ Signature: _____ Date: _____

FINANCIAL REQUIREMENT

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

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 this 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 your child is unable to make his/her 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 the appointment, or do not show up to the 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 for my child to be considered for a deliverance appointment. I agree that I can meet the minimum \$100 financial requirement for each appointment that I choose to book for my child. 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 an appointment less than 48 hours in advance, or do not show up, I may be required to pay a \$50 cancellation fee before given another appointment time. I agree to arrive promptly to the appointment(s). I understand that if I arrive late, the appointment may be shorter than usual in order to avoid a delay in the remainder of the day's scheduling.

Name of Parent/Guardian: _____ Signature: _____ Date: _____

DELIVERANCE GUIDELINES

What are the requirements in order for my child to receive deliverance ministry?

A parent/guardian must:

- Be a born-again believer who genuinely desires help and freedom for his/her child.
- Believe that God has the power to set his/her child 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 help his/her child maintain freedom following the appointment.
- Make any required practical changes to fix his/her child's wrong behaviors/situations post-deliverance.
- Respect the decision of the ministry team regarding my child's application approval result.

What are my obligations as the parent/guardian of the child receiving ministry?

- To understand that God is my child's 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 or my child.
- To spiritually prepare for my child's appointment(s), as the Lord leads (i.e. pray, fast).
- To maintain an honest and open attitude during my child's appointment(s).
- To allow the ministry team to set the length of my child's appointment, as the Holy Spirit leads, and to respect and accept the structure of my child's appointment.
- To understand that if assistance maintaining freedom post-deliverance is required, I should ask my child's 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 and your child with honour, respect, dignity, love and compassion.
- To provide their undivided attention and focus only on your child during his/her appointment(s).
- To spiritually prepare for your child's appointment(s), as the Lord leads (i.e. pray, fast).
- To keep personal information shared within this application/during appointment(s) confidential.

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

Name of Parent/Guardian: _____ Signature: _____ Date: _____

CHILD QUESTIONNAIRE

*To be completed by child alone, if able, or with parental assistance, if needed.
Please complete with as much detail as possible. All information will remain confidential.*

— CHILD PROFILE —

Name of Child: _____ Male Female Age: _____

Name of Parent(s)/Guardian(s): _____

Address: _____

Phone: _____ Email: _____

— ALL ABOUT YOU —

- 1) Are you angry or upset at anyone? YES NO
If yes, who and why?
- 2) Do you get angry or upset at yourself? YES NO
If yes, why?
- 3) What do you do when you get angry or upset (i.e. hit, cry, bite, yell)?
- 4) Are you sad? YES NO
If yes, why?
- 5) Are you lonely? YES NO
- 6) Do you have an imaginary friend? YES NO
If yes, describe your friend (i.e. name, how long you've had him/her):
- 7) Do you get bad dreams? YES NO
If yes, describe what you dream about:
- 8) Do you tell lies? YES NO
If yes, why?

- 9) Do you sometimes hear voices telling you to do bad things? YES NO
If yes, what do the voices tell you to do (i.e. not obey mom/dad, destroy something)?
- 10) Is it important what others say and think about you? YES NO
If yes, why?
- 11) Has something from a movie/TV/phone made you feel bad/upset? YES NO
If yes, what did you see and how did it make you feel?
- 12) Has anyone ever touched you in a way that made you uncomfortable? YES NO
If yes, who touched you, when and where?
- 13) What are you afraid of?

— AT HOME —

- 1) How do you feel at home?
- 2) Do you get mad at your mom? YES NO
If yes, why?
- 3) Do you get mad at your dad? YES NO
If yes, why?
- 4) Do you have any siblings? YES NO
If yes, what are their names & ages?
If yes, how do you feel about your siblings?
- 5) Is it hard to obey mom and dad? YES NO
- 6) Is there anything else about your home that you would like to share?

— AT SCHOOL —

- 1) How do you feel at school?
- 2) Do you like school? YES NO
If no, why?
- 3) Are you ever afraid to go to school? YES NO
If yes, why?
- 4) Does anything about school make you angry or upset? YES NO
If yes, what and why?
- 5) Do you get confused at school? YES NO
- 6) Do you have trouble sitting still/staying in your seat? YES NO
- 7) Do you feel nervous at school? YES NO
- 8) Do you have difficulty learning? YES NO
- 9) Do you feel like school is too hard for you? YES NO
- 10) Do you have friends at school? YES NO
- 11) Have kids at school ever called you names? YES NO
If yes, what did they call you?
- 12) Have you ever been bullied? YES NO
If yes, describe the situation, who bullied you, how, and why?
- 13) Have you ever bullied someone? YES NO
If yes, describe the situation, who you bullied, how, and why?
- 14) Have teachers called you names or said something mean about you? YES NO
If yes, what did they call you (i.e. dumb, a bad listener)?
- 15) Is there anything else about your school that you would like to share?

— CONCLUSION —

1) What would you like Jesus to help you with or do for you?

2) Is there anything else you would like to share?

**You have completed the questionnaire!
Good job!**

PARENT QUESTIONNAIRE

To be completed by the child's parent(s)/guardian(s).

Please complete with as much detail as possible. All information will remain confidential.

Name of Child: _____ Male Female Age: _____

Name of Parent(s)/Guardian(s) Completing This Questionnaire & Relation to Child:

Phone: _____ Email: _____

— ALL ABOUT YOUR CHILD —

- 1) Does your child struggle with anger? YES NO DON'T KNOW
If yes, do you know why? How does your child express their anger (i.e. hit, bite, yell)?

- 2) Does your child struggle with depression/loneliness? YES NO DON'T KNOW
If yes, do you know why? How does your child express this (i.e. unexpressive, cries)?

- 3) Does your child have any addictions? YES NO DON'T KNOW
If yes, what is your child addicted to? What is the severity of the addiction?

- 4) Does your child have any repeated sinful behaviors/bad habits that you can't break (i.e. swearing, rebelling, not finishing homework, lying)? YES NO DON'T KNOW
If yes, what are the behavior(s)?

- 5) Does your child have any fears? YES NO DON'T KNOW
If yes, what are they? How is your child reacting to these fears?

- 6) Has your child ever been sexually abused? YES NO DON'T KNOW
If yes, describe the nature of the abuse, the abuser and when/where it occurred:

- 7) Has your child ever been verbally abused? YES NO DON'T KNOW
If yes, describe the nature of the abuse, the abuser and when/where it occurred:

8) Has your child ever been physically abused? YES NO DON'T KNOW
If yes, describe the nature of the abuse, the abuser and when/where it occurred:

9) Has your child ever been emotionally abused? YES NO DON'T KNOW
If yes, describe the nature of the abuse, the abuser and when/where it occurred:

10) Does your child have any health/medical issues? YES NO DON'T KNOW
If yes, describe:

If yes, list the names of any medical diagnoses that have been made by doctors:

11) Has your child ever been medicated? YES NO DON'T KNOW

If yes, describe the medication, purpose, duration and outcome:

If yes, list any medications your child is currently on:

12) Check any games/activities that your child has participated in/been exposed to:

- Hallowe'en Karate/Martial Arts Yoga
 Meditation Pokémon Cards Brownies/Guides/Cubs/Scouts
 Role Playing Games Witchcraft Activities Other of Note:

If you checked any of the above, describe the nature of the involvement:

— AT HOME —

1) Describe your relationship with your child:

2) Describe how your child typically feels/behaves at home:

3) Is anyone in your home not serving the Lord? YES NO DON'T KNOW
If no/don't know, elaborate:

4) Does your child have difficulty with his/her mom? YES NO DON'T KNOW
If yes, describe:

5) Does your child have difficulty with his/her dad? YES NO DON'T KNOW
If yes, describe:

6) Does your child have difficulty with siblings? N/A YES NO DON'T KNOW
If yes, describe:

7) Check any movies/shows/games/music, or that is content within, that your child or others within the home are currently engaged in watching, playing or listening to:

- | | | |
|---|--|---|
| <input type="radio"/> Violence | <input type="radio"/> Sexual Content | <input type="radio"/> Pornographic/"X" Rated |
| <input type="radio"/> "R" Rated | <input type="radio"/> Cursing/Profanity | <input type="radio"/> Role Playing Games |
| <input type="radio"/> Gossip/Fighting | <input type="radio"/> Witchcraft/Magic | <input type="radio"/> Graphic/Gory |
| <input type="radio"/> Horror/Thriller | <input type="radio"/> Hallowe'en Themed | <input type="radio"/> Vampires |
| <input type="radio"/> Non-Christian Rap | <input type="radio"/> Non-Christian Rock | <input type="radio"/> Heavy Metal/Punk |
| <input type="radio"/> Fortnite (or similar) | <input type="radio"/> Pokémon (or similar) | <input type="radio"/> Harry Potter (or similar) |
| <input type="radio"/> Other: | | |

If you checked any of the above, describe the nature of the engagement:

8) Describe any negative behavior(s) that your child exhibits only when at home:

9) Is there anything else about your home that you would like to share?

— AT SCHOOL —

1) Describe how your child typically talks about school:

2) Does your child like school? YES NO DON'T KNOW
If no, elaborate:

3) Do you have trouble getting he/she to go to school? YES NO SOMETIMES
If yes/sometimes, elaborate:

4) To the best of your knowledge, check off any behaviors/emotions/feelings your child experiences while at school:

- | | | |
|--|--|--|
| <input type="radio"/> Confusion | <input type="radio"/> Difficulty Concentrating | <input type="radio"/> Difficulty Sitting Still |
| <input type="radio"/> Rebellion | <input type="radio"/> Cursing/Swearing | <input type="radio"/> Jealousy/Comparison |
| <input type="radio"/> Anger/Fighting | <input type="radio"/> Bullying | <input type="radio"/> Degradation |
| <input type="radio"/> Isolation/Loneliness | <input type="radio"/> Anti-Social Behaviors | <input type="radio"/> Fear/Anxiety |
| <input type="radio"/> Emotional Upsets | <input type="radio"/> Problems Learning | <input type="radio"/> Nervousness |
| <input type="radio"/> Fatigue | <input type="radio"/> Rejection | <input type="radio"/> Depression |
| <input type="radio"/> Memory Issues | <input type="radio"/> Comprehension Issues | <input type="radio"/> Over Talking |
| <input type="radio"/> Other: | | |

If you checked any of the above, describe in further detail:

5) Does your child have friends at school? YES NO DON'T KNOW

6) Have kids at school ever called your child names? YES NO DON'T KNOW
If yes, what names did they use?

7) Has your child ever been bullied? YES NO DON'T KNOW
If yes, describe the situation, who bullied your child and how?

8) Has your child ever bullied someone? YES NO DON'T KNOW
If yes, describe the situation, who your child bullied, how and why?

9) Have teachers called your child names or said something mean about your child, either to you or to your child directly? YES NO DON'T KNOW
If yes, what did they say (i.e. dumb, a bad listener)?

10) Describe any patterns of negative feedback/marks from teachers (i.e. always fails science, continuously receives report card comments of not listening/talking out in class):

11) Describe any notable incidents that occurred regarding your child at school (i.e. a negative phone call/message from a teacher, a detention, a suspension, a failing grade):

12) Is there anything else about your child's schooling that you would like to share?

— CHILD/FAMILY HISTORY —

1) Was there any situation during pregnancy that may have been stressful or traumatic on the child in any way? YES NO DON'T KNOW

If yes, explain:

2) Did the child experience any trauma at birth? YES NO DON'T KNOW

If yes, explain:

3) Has there been any situation throughout your child's life that may have caused stress or trauma to the child in any way? YES NO DON'T KNOW

If yes, explain:

4) Has trauma happened to those around your child? YES NO DON'T KNOW

If yes, explain:

5) Is the child your adopted or foster child? NO ADOPTED FOSTER

If the child is your adopted or foster child:

Describe how your child came into your care:

List any previous homes your child had:

What country is your child from?

Describe anything you know about your child's biological parents, including if there were any substance addictions or mental issues:

Does your child know he/she is not your biological child? YES NO

Does your child have contact with the biological parents? YES NO

Was your child sexually, physically, emotionally or verbally abused prior to coming in your care? If yes, describe:

- 6) Describe any generational illnesses, addictions or negative behaviors in your child's family line:
- 7) Describe any word curses that your child or anyone in your family has spoken over your child (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"):
- 8) Do you know of any curse placed on your child / your family? YES NO
If yes, describe (nature of curse/when/by whom/why):

— CONCLUSION —

- 1) What is the primary reason, concern or behavior that your child is exhibiting that has prompted you to seek ministry?
- 2) Describe any previous forms of deliverance or inner healing ministry that your child has received (name/type of ministry, purpose for receiving, ministry results, date received, etc.):

3) Is there anything else you would like to share?

You have completed the questionnaire!