

QUESTIONNAIRE FOR HEALING DAYS

Thank you so much for taking the time to fill out this application. Once application is delivered you will be placed on a waiting list. When we have open availability, you will be contacted and invited to event.

Please circle one of the following: Mr Mrs Ms Miss Rev Dr

First Name: _____ Surname: _____

Address: _____ City: _____

Province/State: _____ Postal/Zip Code: _____ Home Phone: _____

Cell Phone: _____ Business Phone: _____

Email Address: _____

I would like to be added to your mail list for newsletters and course updates ☐

Preferred Name: _____ Age: _____ Sex: _____

Marital Status (Please check all that apply):
 Single ☐ Divorced ☐ Separated ☐
 Married ☐ Remarried ☐ Widow/widower ☐

Name of Church attending (if applicable): _____

How often do you attend (if applicable): Regularly ☐ Occasionally ☐ Rarely ☐

Name of Minister/Pastor/Leader (if applicable): _____

Does your Church Leadership know that you are applying? Yes ☐ No ☐

Are you able to come on short notice? Yes ☐ No ☐

Are you ok with a male & female on your ministry team? Yes ☐ No ☐

FOR OFFICE USE

Application Received Date: _____ Deposit Date: _____

Deposit Amount: _____ Method of payment: _____

Healing Retreat Number: _____ Placed on wait list: _____

Breeze: _____ Summary Sheet: _____ Emailed guest App received: _____

Mail Chimp: _____ Team (1): _____ (2): _____

RELEASE STATEMENT

I, the undersigned hereby certify that I voluntarily consent to be ministered to by members of the Ellel Ministries Canada West team, knowing that I have the right to terminate my participation in the process at any time for any reason. I understand that the members of the Ellel Ministry team may or may not be professional counselors, ministers or care givers. I fully understand that the ministry I receive is not counseling in any form but rather prayer ministry and Christian discipleship. I also understand that the ministry process used to give spiritual, emotional or physical help may or may not be clinically demonstrated as guaranteeing either short or long term results. I voluntarily accept this ministry fully and completely, and I do not hold Ellel Ministries or any one of its team responsible for any outcome that may arise as a result of this ministry. I do not hold Ellel Ministries or any of its team responsible for any further care that I may need in the future. I take full responsibility for my life, health and wellbeing now and in the future following the ministry I receive from Ellel Ministry team members.

I understand that every effort will be made to maintain confidentiality. All ministry records whether written or electronic remain the property of Ellel Ministries and may be accessed by Ellel Ministries staff or team as deemed appropriate by Ellel Ministries staff. If it is learned in the prayer ministry sessions that I intend to carry out harmful or criminal action against another person or against myself, I understand that the Ellel Ministry team reserves the right to inform appropriate individuals. Those to be informed may include law enforcement officials, appropriate family members, associates or friends, and the person or family of the person who is likely to suffer the results of the harmful behavior. Before informing anyone who should be warned, I understand that steps will be taken to share such intention with me. I understand that suspected acts of child abuse or neglect are required by law to be reported to the appropriate governmental authorities.

Please note that after your visit to Ellel Ministries Canada, none of your counseling information will be shared with your pastor or any other such person unless you sign a release form.

Signature of Applicant for Ministry

Witness

Date

COST: \$350.00

(Please include the deposit payment of \$100.00 with your application – fully refundable only if cancelled at least 7 days prior to event and if the place can be filled.)

Payment Amount of \$ _____ by: Cash ☐ Cheque ☐ MasterCard ☐ VISA ☐

Make cheques payable to: Ellel Ministries Canada

Credit card number: _____ Exp Date ____ / ____ CVV# _____

Signature: _____

Please complete the remainder of this application:

Have you made a commitment to Jesus Christ as Lord and Saviour? Yes? No? When? Briefly describe, also tell us about your present relationship with the Lord.

Please list all previous church affiliations. Are you currently receiving ministry from your church? Please give brief details:

Why have you chosen at this time to come on a Healing Retreat?

What is the most painful or difficult issue for you at this time?

Describe any difficulties you are experiencing in the following areas: Relationships (spouse, children, parents, etc.)

Physical

Fears / Phobias

Stress / Emotional Hurt

Sexual

Addictions

Do you struggle with: Abandonment _____ Rejection _____ Finances _____ Religion _____ Performance _____

Deception _____ Anxiety _____ Unbelief _____ Rebellion _____ Anger _____ Trauma _____ Bitterness _____

Grief _____ Shame _____ Victim _____ Failure _____ Control _____ Unworthiness _____ Depression _____

List any word curses spoken to you that could relate to what you are going through now. (example “you are stupid” or “you are lazy”)

List any negative thoughts you have spoken about yourself that relate to what you are going through. (example “I will never be good enough”)

What 3 words characterize your mother?

What 3 words characterize your father?

Have you been involved in the occult? (e.g.: witchcraft, spiritism, etc.)

Have you or your family been involved in a religion or belief system apart from Christianity? If ‘Yes’, please give brief details:

Yes ☐ No ☐

Please give brief details of any ministry you have received from other people who are not connected with Ellel Ministries, other than your own church:

Which Ellel Ministries training courses (if any) have you attended?

I received ministry during an Ellel Ministries:

- ☐ Church Visit ☐ Healing Retreat ☐ Training Course
☐ Personal Ministry Appointment

Do you hold a leadership position in your church?

Yes ☐ No ☐

If ‘Yes’, please give brief details:

Are you in full-time Christian work?

Yes ☐ No ☐

If ‘Yes’, please give brief details:

Please share any other information you think would help us minister to you. (You may attach additional information if necessary)

Please indicate any special needs or medical conditions you have. Give brief details where appropriate:

Wheelchair ☐

Unable to climb stairs ☐

Hearing Difficulties ☐

Poor Eye Sight ☐

Food Allergies / If Yes

Medication (please specify any medication your doctor has prescribed):

Other Information that you would like us to know

SENDING IN FORM

Please return completed application with deposit (or full payment) to Ellel Ministries Canada West Using Fax, Scanned document, or by Mail.

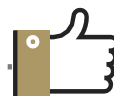
Once your application is received...



Mail application in using
one of our three
receiving methods



Once application is delivered
you will be placed on
waiting list.



When we have open
availability you will be contacted
and invited to course.

RR #1, Site 15, Comp 42
Didsbury, AB T0M 0W0

f: 1-866-246-5918 | e: info.alberta@ellel.org