

# **Deliverance & Restoration Application**

with Transformation Ministry

765 24 Road

Grand Junction, CO 81505

970-245-7729 ext 122

Participant **MUST** have been attending Fellowship Church for at least 6 months prior to involvement in Transformation Ministry.

With limited space available, in this season of ministry we are unable to minister to people that are not involved at Fellowship Church unless approved by your pastor.



## Welcome to Transformation Ministry: What to Expect

Ephesians 6:12 “For our struggle is not against flesh and blood, but against the powers, against the world forces of this darkness, against the spiritual forces of wickedness in the heavenly places.”

Having picked up this information packet and application for ministry you, no doubt, have received some level of information on spiritual warfare and the reality of the spiritual realm. It is important to understand that this is a process; one that has taken time to develop in you and will take some time to break. But, be encouraged, each step will lead you down the path to lasting deliverance and restoration.

What you can expect from the restoration team and your coaches:

1. Deliverance is a breakthrough ministry session. It is designed to break through in areas that you need freedom and restoration, but the bulk of your success comes from cultivating the life God intended you to live; one of intimacy with God, resisting the devil, and allowing Him to transform you in every area of your life. This is a multi-faceted process of discipleship, submission, and intimacy with God and with His people.
2. Our team has been trained to train you. Your experience should be one of learning, growth and responsibility; the more responsibility you take in your own ministry, the greater freedom you will have. With as much passion and enthusiasm as our team has, they will put in as much effort as you are willing to give.
3. This ministry is about adult discipleship; deliverance is a small portion. One of our greatest passions for everyone we have the pleasure to serve is to see their full spiritual formation. Based on the background information you give your coach, they may correct an inaccurate thought pattern or negative self-image, incorrect view of God’s character, improper behaviors or thoughts, and help you to identify these things for your own future spiritual health

Our goal is to see you realize your full potential in the Lord. We want to cultivate a proper perception of God (as much as a human can), an accurate view of who you are and who God created you to be, understanding God’s goodness and grace, your authority as a believer, and walk in your full potential. Congratulations on this monumental step in your spiritual health! Get ready for an eye-opening, insightful and freeing journey.

In Christ,

Pastor Will Britt

970-245-7729 ext 112

[will@fellowshipgj.com](mailto:will@fellowshipgj.com)

## Are you Ready?

Transformation is a process. In order for you to prepare for this process, you need to be aware of the elements that provide the foundation for deliverance and restoration: Humility, Obedience, Good attitude, Submissive/Compliant, Teachable/Approachable, Forgiving, Repentant

1. I have completed Spiritual Warfare 1.0 here at Fellowship Church

Y      N

2. I have completed the Breakfree Worksheet that goes with Spiritual Warfare 1.0

Y      N

3. I have committed my life to Christ & submit all areas to His Lordship in my life

Y      N

4. I consistently study the bible

Y      N

5. I regularly implement the spiritual disciplines of prayer, service, worship, and tithing

Y      N

6. I am obedient to the Lord, to the best of my ability

Y      N

7. I submit to authority in my life (God, government, church, household)

Y      N

8. I accept the responsibility for the work required for change in growth to maturity

Y      N

9. I am teachable and approachable – others can correct me

Y      N

10. I choose to put faith above reason, logic and intellectualism

Y      N

11. I choose to have a good attitude during my ministry session

Y      N

12. I recognize the power of the tongue will speak life into myself rather than death

Y      N

13. I am ready to acknowledge the sins in my life and repent (turn away from them)

Y      N

14. I am ready to forgive the people who have offended me

Y      N

15. I am ready to relinquish control of myself and others

Y      N

16. I have a maturing group of believers around me that are positive influence

Y      N

Assessment Score:

How many Yeses? \_\_\_\_\_

1-9 Preparation phase of deliverance – The Transformation Ministry will disciple and guide you through the process of getting ready for a deliverance session... There is some work to be done to get you ready

10+ Based on your answers, you would be ready for a deliverance session. You would enter the ministry process with the team and they would formulate a specific plan tailored to your needs to Transformation: Discipleship, Deliverance, and Restoration.

### Hindrances to a ministry session:

1. Blaming others
2. Unforgiving
3. Pride
4. Unteachable
5. Rebellion
6. Avoiding emotional pain
7. Not studying God's written word
8. Isolation
9. Easily offended
10. Negative
11. Controlling or manipulative

Your ministry team will come alongside you for direction, perspective, healing, and discipleship toward your transformation: deliverance and restoration. You will not be judged – so come as you are. We like to be a part of your breakthrough stories because it brings such great glory to our God and King. Let us use our experience, expertise, and spiritual gifts to help you see past things in your life for that breakthrough you have needed.

### Steps in the deliverance process:

1. Participant turns in Application at Info Center or Administration Office
2. Pastor Will or assistant reviews application for ministry process
  - a. Application Completed
  - b. Salvation Experience Confirmed
  - c. Spiritual Warfare Curriculum completed OR Class
  - d. Completed the Break Free Worksheet in back of Spiritual Warfare Workbook
  - e. Completed Masonic Renunciation in Spiritual Warfare Workbook
3. Approved for ministry, Pastor Will or assistant will put you on waiting list. You will receive a phone-call when it is time for your session. We will prayerfully consider and partner you with 2-3 Transformation team members for your session. **Please expect as much as 6-8 weeks before your session is scheduled.**
4. Deliverance & Restoration Session. Ministry session will be scheduled in advance by appointment only.

### Recommended Steps after initial session:

1. Post-Ministry Discipleship, participants responsibility to seek out
2. Recommended resources – adding books, classes, etc. recommended by the ministry for your development will propel you further in your growth and maturity
3. Community and Accountability – Recommend involvement in Rooted or a life group.
4. Additional ministry sessions (you may want to come in for more layers of freedom)

### Please do not hesitate to call our office. You may want:

Prayer	Perspective or clarity
Resources	Additional deliverance
Encouragement	Guidance on how to deepen your relationship with Jesus Christ

## Participant Application

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Male/Female

Marital Status: Married / Single / Divorced / Separated / Widow (ed)

Phone Numbers: (cell) \_\_\_\_\_ (Home) \_\_\_\_\_

Email: \_\_\_\_\_

Member of Fellowship Church? Y / N      \*Ministry available only to members of Fellowship Church unless approved by your pastor and confirmed with Pastor Will or Pastor Tim

How long have you been attending Fellowship Church? \_\_\_\_\_

Salvation Date: (Please be as accurate as possible) \_\_\_\_\_

Please describe your salvation experience: (How did you Come into a relationship with Jesus Christ)

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Did you complete Spiritual Warfare Class? Y / N Date \_\_\_\_\_ Or CD? Y / N Date \_\_\_\_\_

Did you complete the Masonic Renunciation Prayer? Y / N

Did you complete the Break Free Worksheet? Y / N

**Spiritual Questionnaire:**

Worldview influences: (Have you been involved with or does your family have involvement with any of the following?)

Orthodox Catholic / Reformed / Anabaptist / Roman Catholic / Methodist

Baptist / Lutheran / Episcopal / Assemblies of God / Non-denominational / Inter-denominational

Cult / Mormonism / Jehovah's Witness / Scientology / Christian Scientist / Unification Church

Kabbalah (Jewish Mysticism) / Islam / Baha'i / Sikhism / Hinduism / Buddhism / Taoism / Confucianism

Shinto / Judaism / Wicca / Atheism / Satanism / New Age / Eastern World View

Spiritism / Eastern Medicine / Witchcraft / White Witchcraft / Magic / Voodoo

Freemason / Eastern Star / Native Religions / Shriner / Rainbow Girl / Job's Daughters

Other \_\_\_\_\_

What is your church background/history?

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Have you been baptized after salvation?	Yes	No
Do you have assurance of salvation in Christ Jesus?	Yes	No
Do you struggle with doubt and unbelief?	Yes	No
Are you satisfied with your Christian walk?	Yes	No

If not, how would you like to see it improve?

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**Family background:**

Family or Guardian Relationships: Please describe in detail your relationship with your parents or guardians. Include traumatic experiences, neglect, abandonment, violation, overprotective, fearful, controlling, comforting, nurturing, etc. Describe any special problems with each parent/guardian. (Be as conversational as possible)

Were you a “planned” child? Yes    No

Were you the “right” gender? Yes    No

Were you conceived out of wedlock? Yes    No

Were you adopted? Yes    No

Did your mother experience any physical or emotional trauma while pregnant with you?

If yes, explain:

Did she have difficulty in your birth? Yes    No

Did your parents bond/connect with you at birth? Yes    No

Please describe any other details regarding your conception and birth:

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Mother -

Father –

Step-parent –

Legal Guardian – (If other than biological parents)

Do you have siblings? (step-siblings)

Name \_\_\_\_\_

Age \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where do you fall in the sibling line?

What was your relationship like growing up?

What is your relationship like now?

(Please indicate any abnormalities, “normal” behavior, trauma, etc. A good question to ask yourself; when I think of my sibling, how do they make me feel?)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have Children?

Yes No Number of \_\_\_\_\_

What is your relationship with them like?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your mother still living?		Yes	No	
Is your father still living?		Yes	No	
Are they Christians?	Mother	Yes	No	I don't know
	Father	Yes	No	I don't know
Living together?		Yes	No	
Divorced?		Yes	No	
Remarried?		Yes	No	

Step-parents:

Is your step-mother still living?		Yes	No	
Is your step-father still living?		Yes	No	
Are they Christians?	Step-Mother	Yes	No	I don't know
	Step-Father	Yes	No	I don't know
Are you a critical person?		Yes	No	Maybe
Do you feel emotionally immature?		Yes	No	Maybe

Tell us about your self-image: (Circle all that apply)

Low self-Image	Insecure	Condemn myself
Hate myself	feel worthless	Believe I am a failure
Feel inferior to others	confused about my identity	
Punish myself – (explain)		

Was your father:	Passive	Controlling	Abusive	Absent – emotionally/physically
Was your mother:	Passive	Controlling	Abusive	Absent – emotionally/physically

Explain the atmosphere of your home growing up:

Financial situation as a child?

Poor      slight financial struggles      Moderate Income      Affluent

Family History of lying or stealing?

Yes    No

Were you lonely as a teenager?

Yes    No    Sometimes

As a child, teenager, or your adult did you ever suffer an intrusion, violation, or injustice?

Yes    No    I don't know

If yes, explain:

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Do you have trouble receiving or giving love?

Yes    No    Sometimes

Communication with people:

I have real difficulty communicating with people

I am willing to communicate with people

I find it easy to communicate with people

Conflict and confrontation is difficult for me

I shut down if someone corrects me

I blow up at people

Are you a perfectionist?

Yes    No

Were your parents/guardians perfectionists?

Yes    No

Do you come from a proud family

Yes    No

Do you struggle with pride?

Yes    No

Do you have problems with or have had problems with:

Impatience	Irritability	Temper
Violence	Moodiness	Rebellion
Stubbornness	Anger	Manipulation/Control

The filter of your mouth:

I swear	I curse	I take the Lord's name in vain	I am obscene
I make coarse jokes			

**Open doors:**

Take some time to think about people with whom you have been in relationship with. When you recall a family member, friend, teacher, coach, acquaintance, classmate, authority figure, pastor, government official, police officer, etc., what do they make you feel?

Do you have any un-forgiveness, bitterness, resentment, hatred, vengeance, or revenge toward any of these people? (Indifference is a form of stuffing and avoiding hurtful situations, it is not a form of forgiveness)

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Are you an anxious person?	Yes	No
Are you a worrier?	Yes	No
Do you get depressed?	Yes	No
Do you harbor regret?	Yes	No

If yes, explain

Do either of your parents suffer from depression?	Yes	No
Have you ever personally received psychiatric counseling?	Yes	No
Hospitalization?	Yes	No
Treatment_____		
Hypnotized?	Yes	No

Do you suffer from:

Apathy	Skepticism	Hardness of emotion	Confusion
Doubt	Unbelief	Frequent Illness	Infirmities
Allergies	Financial Disaster	Comprehension difficulties	

Do you have Masonic or Mormon regalia or memorabilia in your possession?	Yes	No
Do you feel mental confusion or mentally blocked?	Yes	No
Do you have fantasies?	Yes	No
Do you suffer from frequent bad dreams?	Yes	No
Have you ever been tempted to commit suicide?	Yes	No
Have you ever tried to commit suicide?	Yes	No
Have you ever wished to die?	Yes	No
Have you ever spoken it aloud?	Yes	No
Have you ever been fearful of a premature or tragic death?	Yes	No

Do you suffer from any of the following fears?

Failure	Inability to cope	Inadequacy
Authority figures	Dark	Death
Rape	Violence	Being Alone
Satan and evil spirits	The Future	Women
Men	Crowds	Heights
Public Speaking	Accidents	Insanity
Rejection of others	Old Age	Aging
Death of a loved one	Enclosed spaces	Terminal illness
Spiders	Divorce or marriage breakup	Dogs
Snakes	Animals	Pain
Water	Loud Noises	Open Spaces
Public places	Flying on an airplane	Germs
Other	_____	

**Occultic Practices:**

Have you ever made a pact with the devil?	Yes	No
Are you willing to renounce it?	Yes	No
To your knowledge has any curse been placed on your family?	Yes	No
If Yes, what was it?		

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Have you ever been involved in?

White Witchcraft	Fire Walking	Voodoo
Pagan Ceremonies		

To your knowledge have your parents or any ancestors been involved with any occultism or witchcraft?

Yes No

If yes, please describe:

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Have you, or anyone in your family ever had involvement in any of the following?

- |                       |                    |                            |
|-----------------------|--------------------|----------------------------|
| Fortune tellers       | Tarot Cards        | Ouija Boards               |
| Seances               | Mediums            | Palmistry                  |
| Astrology             | Color Therapy      | Levitation                 |
| Astral Travel         | Horoscopes         | Lucky Charms               |
| Black Magic           | Clairvoyance       | Crystals                   |
| Crystal Therapy       | New Age            | “Magic” 8 ball             |
| Automatic Handwriting | Native Healers     | Psychics                   |
| Eastern Religions     | Dungeons & Dragons | Transcendental Meditation  |
| Yoga                  | Mind control       | Superstitions              |
| Zodiac Signs          | Heathen Temples    | Demon Worship Spirit Guide |
- Regalia of religious symbols – masks, art, carvings, statues? Other



Body Markings:

Do you have any tattoos? Yes No

If yes, please describe

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Why did you get the tattoos?

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**Sexual History:** (Please note, confidentiality is of the highest priority)

Do you have lustful thoughts? Yes No

History of pornography? Yes No

Currently involved in pornography? Yes No

Ever sexually molested or raped? Yes No

If yes, please explain as you are comfortable;

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Sexual Relationships outside of marriage?

Yes

No

Name \_\_\_\_\_

When \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Currently involved in extramarital sexual relationship (s)?

Yes

No

Are you willing to break it off?

Yes

No

Have you ever had homosexual or lesbian desires?

Yes

No

Have you engaged in homosexual or lesbian relationship(s)

Yes

No

Do you see sex as "dirty", or make you feel unclean?

Yes

No

Fantasized or committed sexual acts with an animal?

Yes

No

Have you ever had desires for sex with a child (pedophilia)?

Yes

No

Have you ever had desires for sex with a family member?

Yes

No

Have you ever had sex with a prostitute (male or female)?

Yes

No

(Women) Have you ever had an abortion?

Yes

No

If yes, how many \_\_\_\_\_

(Men) Have you ever fathered a child that was aborted?

Yes

No

If yes, how many \_\_\_\_\_

(Men) Have you ever forced a woman to have an abortion?

Yes

No

If yes, how many \_\_\_\_\_



Have you or anyone in your family experienced any severe accidents or traumas? (That you haven't already mentioned)

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Describe yourself in as many as one or two word phrases as you can:

If there were one or two things that you could have covered in your ministry session what would it be?

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Is there anything you especially hope we DO NOT cover in your ministry session?

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Is there anything else you would like to add that you feel this questionnaire did not cover?

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# Chronological Summary of Life

Please provide a short summary of each year of your life in the provided space.

Years:

1-3: \_\_\_\_\_

\_\_\_\_\_

Years

4-6: \_\_\_\_\_

\_\_\_\_\_

Years

5-10: \_\_\_\_\_

\_\_\_\_\_

Years

11-13: \_\_\_\_\_

\_\_\_\_\_

Years

14-17: \_\_\_\_\_

\_\_\_\_\_

Years

18-20: \_\_\_\_\_

\_\_\_\_\_

Years

21-25: \_\_\_\_\_

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Years

26-30: \_\_\_\_\_

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Years

30-35: \_\_\_\_\_

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(We may go over the rest of the years in your session)

## Participant Commitment Form

### **Release of Liability, Assumption of Risk, and Indemnification**

Please initial next to each statement:

1. \_\_\_\_\_ I recognize that the Transformation Ministry team is here to coach and train me to manage my own spiritual growth. They will come along side of me to help, but the bulk of the responsibility is left to me to utilize all the resources and opportunities available.
  
2. \_\_\_\_\_ I understand that each ministry process is unique. I will have an experience that may or may not resemble that of another person. I will not compare my process to another person and accept the process for myself.
  
3. \_\_\_\_\_ I **commit** to the following (every stage of this process) and will participate in every single stage to receive freedom, glorify God, and live the abundant life.
  - a. I commit to a Deliverance and Restoration Session 1 ½ - 3 Hours
  - b. Post-Ministry Discipleship, personal responsibility of participant (Rooted Workshop, Small Groups, etc)
  - c. Recommended resources – adding books and resources recommended by the ministry for your development will propel you further in your growth and maturity, personal responsibility of participant
  - d. Community and Accountability
  - e. Additional Deliverance sessions (you may want to come in for more layers of freedom)
  
4. \_\_\_\_\_ I choose to respect the Transformation Ministry team as well as understanding that **only God has all the answers**. I release this ministry from any expectation that they will have all of the answers I am searching for.

5. \_\_\_\_\_ I understand that the ministry team of Fellowship Church are volunteers in the church and seek to teach and apply biblical principles as they understand them through the Word of God and the leading of the Holy Spirit. I release the Transformation Ministry team from any liability. I recognize that they are not licensed or formally trained in psychology, counseling, or medicine.
6. I, \_\_\_\_\_, the ministry participant, understand and agree that the Transformation Ministry team of Fellowship Church are engaged in the work of fulfilling the Gospel and call of Jesus Christ. I believe that they are carrying out the teachings of the Bible and are utilizing their gifts in the ministries of deliverance, teaching, discipleship, healing, prophecy, and the ministry of Christ.
7. I, \_\_\_\_\_, release the Transformation Ministry and the ministry of Fellowship Church and agree that this form holds harmless the aforementioned ministry. The ministry participant agrees that this form is binding upon the ministry participant and his or her personal representatives, heirs, executors, administrators, insurers, assigns spouses, and next of kin.

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(Participant Signature)

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(Date)

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(Participant Printed Name)