

**Application for Healing Retreat**

**CONFIDENTIAL**

\*\*\* PLEASE PRINT NAME AND ADDRESS \*\*\*

Mr Mrs Ms Miss Rev Dr (Please circle one)

First Name: ..... Surname: .....

Address: .....

City: ..... Province/State: .....

Postal/Zip Code: ..... Email Address: .....

Telephone No. - Home: ..... Business/Daytime: .....

Preferred Name (if different from above): ..... Age: ..... Sex: .....

Marital Status: (check all that applies)

- Single                       Divorced                       Separated
- Married                       Remarried                       Widow/widower

Name of church attending (if any): .....

How often do you attend?     Regularly     Occasionally     Rarely

Name of Minister/Pastor/Leader (if any): .....

Does your Church Leadership know that you are applying for personal ministry with Ellel Ministries Canada?                       Yes                       No

Are you able to come on short notice?     Yes                       No

**Please read and sign the Release Statement on the back of this page.**

<b>FOR OFFICE USE:</b>		version: 2007-10-10
Application Received Date: .....	Deposit Received Date: .....	
Deposit Amount Paid: .....	Method of Payment: .....	
Healing Retreat # .....	Confirmation Sent Date: .....	
Personal ID Number: .....	Authorization Number: .....	
Team: (1)..... (2)..... (3).....		

# Release Statement

I, the undersigned hereby certify that I voluntarily consent to be ministered to by members of the Ellel Ministries Canada 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 well being 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.

\_\_\_\_\_  
**Signature of Applicant for Ministry**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

*Please have your signature witnessed*

*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.*

**Please include the deposit payment with your application** (see cover letter or contact our office)

Payment Amount of \$\_\_\_\_\_ by : Cash \_\_\_ Cheque \_\_\_ MasterCard \_\_\_ VISA \_\_\_

Make cheques payable to ***Ellel Ministries Canada***

Credit card number:

Expiry Date: \_\_\_/\_\_\_/\_\_\_ Signature: \_\_\_\_\_

*Please return completed application with deposit (or full payment) to:*

**Ellel Ministries Canada**

**#10, 5918 - 5 St SE**

**Calgary AB T2H 1L4**

Email: *info.calgary@ellelministries.org*

**Fax toll free to:**

**1-866-246-5918**

Phone: (403) 238-2008

**Please complete the remainder of this application:**

**Have you received or are you currently receiving ministry from your church? Please give brief details:**

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.....

**Describe your relationship with Jesus:**

.....  
.....

**Why have you made the choice to come on a Healing Retreat?**

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.....

**What would you like Jesus to do for you?**

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.....

**Describe any difficulties you are experiencing in the following areas:**

**Relationships (spouse, children, parents, etc.)** .....

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**Physical** .....

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**Spiritual (Problems with God)** .....

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**Fears / Phobias** .....

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**Stress / Emotional Hurt** .....

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**Sexual** .....

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**Addictions** .....

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**Other areas of difficulties (please specify)** .....

.....  
.....

**Have you been involved in the occult?** (e.g.: witchcraft, spiritism, etc.)  **Yes**  **No**

**If 'Yes', please give brief details:** .....

.....

**Have you or your family been involved in a religion or belief system apart from Christianity?**

**Yes**  **No**

**If 'Yes', please give brief details:** .....

.....

**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:**

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.....

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

.....

**I received ministry during an Ellel Ministries:**

- Church Visit**  **Healing Retreat**  **Training Course**  
 **Conference**  **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:** .....

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**Please give any other information which you think might be helpful to us in deciding how we can best help you.** (You may attach additional information if necessary)

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**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**  **Blind**

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

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**Other (please specify)** .....

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