



PO Box 768 Magee MS 39111
601-849-911

PO Box 1807 Brandon, MS 39042
churchalive.net

RESTORE Ministry Application

Please Print

Date: _____

Name: _____

E-mail: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Gender: Male Female Age: _____

Church Attending _____

Have you received ministry from a RESTORE team in the past? Yes No

Approximate date of ministry? _____

Why would you like to receive a RESTORE session?

Who referred you to the RESTORE Ministry? _____

Do you attend Church Alive regularly? Yes No

We recommend that you share with someone you trust what happened during the RESTORE session so that you will have someone to pray with and hold you accountable (preferably not your "best friend").

Will you be able to fast or pray before your RESTORE? Yes No

Ask the Lord what He wants you to fast. It can be fasting one meal a day or fasting TV, etc.

Mail completed application to:

*Church Alive
ATTN: Regina Amason, RESTORE Ministry
PO Box 768
Magee, MS 39111*



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Liability Release for Church Alive's RESTORE Ministry

I (name) _____ acknowledge that team members from Church Alive RESTORE Ministry have voluntarily agreed to pray for me. I understand that this session is NOT a professional counseling meeting and that none of the team members are licensed counselors. I understand that these team members are, to the best of their ability, doing what they can to help me achieve more freedom in my life. I further state that I have voluntarily sought assistance of my own initiative and that I am under no obligation to accept or reject any of the advice or help that I might receive from the team members of this ministry.

RESTORE Ministry team members offer biblical spiritual services to anyone who desires them. I understand that if I receive ministry from the Church Alive RESTORE Ministry, the team is committed to respect the disclosed information, but NOT to complete confidentiality. The information, *as needed*, may be shared with other leaders of Church Alive so as to further your total healing process. This may include future meetings with spiritual mentors in the church to set appropriate boundaries for your personal and spiritual growth. Additionally, criminal acts disclosed will be reported to the appropriate authorities.

I agree to hold Church Alive, its employees, officers, directors, agents, affiliates, leaders directors or RESTORE team members free from any all liability, loss or damage of any kind that may arise as a result of assistance which I have received or from my involvement with Church Alive.

I have read this disclaimer and release of liability and understand and agree with it and have executed it as my free and voluntary act.

Printed Name

Signature

Date