

# LIGHTHOUSE CHURCH PERSONAL PRAYER MINISTRY

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Name: \_\_\_\_\_ Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## INSTRUCTIONS:

Lighthouse Church Personal Healing Ministry teams are neither psychological nor medical professionals. **This is a prayer ministry.** The Lord is the COUNSELOR and the teams facilitate what He is doing. Each session will last a maximum of one to one and a half hours (1 – 1 ½), so please be prepared for an appointment of this length.

***PLEASE REFRAIN FROM THE USE OF SCENTED PRODUCTS FOR YOUR SESSION.***

1. As you pray before you begin to fill out the personal inventory form, ask the Holy Spirit to guide you and bring things to your mind. Note incidents that have produced trauma, great disappointment or hurt. When names (first names only) are requested, it is only for ministry purposes. Forgiveness of those who have sinned against us is our greatest weapon in deliverance.
2. Each team consists of three people: a leader, an assistant and an intercessor (someone who is praying specifically for you and the ministry.) Be assured your confidentiality will be maintained and what you share will not shock or anger us. We are here to aid the healing process.
3. If you are physically able and you sense the Lord leading you in this direction, fast and pray before your appointment. You may also choose to ask your Christian friends who know that you have an appointment to fast and pray for you. This usually adds strength and guidance to the process.
4. We are willing to pray with you more than once. Our goal is to keep the same ministry team for follow up sessions.
5. Return all signed forms to Lighthouse Church in person, or by mail (49 Boulder Blvd., Stony Plain, AB, T7Z 1V6). You will be contacted for an appointment *after* your forms have been handed in to the Church Office. If you are unable to keep your appointment, please call (780)963-3110 as soon as possible.
6. Your personal inventory forms will be destroyed or given back to you after your first appointment. The only people who will read your forms are the personal ministry team. The only record kept on file is the Voluntary Release Form (which includes Informed Consent)
7. If you are currently receiving counsel from any professional source, we require written approval before you receive prayer ministry at Lighthouse Church.

**I have read the above instructions and agree and comply fully.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** Times available for you to book an appointment include Thursday and Sunday evenings, Monday mornings and Wednesday afternoons.

Appointment times when you are available to meet with a team:

Date \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**VOLUNTARY RELEASE  
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

In consideration for being permitted to participate in a voluntary personal pastoral prayer ministry, herein referred to as "Lighthouse Church" the undersigned, \_\_\_\_\_, herein referred to as the "Releasor" agrees as follows:

1. **RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE:** Releasor and Releasor's personal representatives, assigns, insurer, heirs, executors, administrators, spouse and next of kin, hereby releases, waives, discharges and covenants not to sue Lighthouse Church, 49 Boulder Blvd, Stony Plain, AB T7Z 1V6 and its directors, officers, employees, agents, volunteers as well as its successors, assigns, affiliates, subordinates, and subsidiaries, all herein referred to as the "Releasees," from any and all liability to Releasor, and to Releasor's personal representatives, assigns, insurer, heirs, executors, administrators, spouses, and next of kin for any and all loss, damage, or cost on account of injury to the person or property or resulting in the death of the Releasor whether caused by the negligence of Releasees or otherwise while Releasor is participating in Lighthouse Church and any other activities in connection with Lighthouse Church.
2. **ASSUMPTION OF RISK:** Releasor understands, is aware of, and it assumes all risks inherent in participating in Lighthouse Church. These risks include, but are not limited to, physical and emotional responses and reactions as a result of this prayer ministry.
3. **INDEMNITY:** Releasor agrees to indemnify Releasees from any liability, loss, damage or cost Releasee may incur due to the participation by Releasor in Lighthouse Church, whether caused by the negligence of Releasees or otherwise. Releasor assumes full responsibility for and risk of bodily injury, death or property damage due to the negligence of Releasees or otherwise while participating in Lighthouse Church.

Releasor expressly agrees that this Voluntary Release, Assumption of Risk and Indemnity Agreement, herein referred to as "Agreement," intended to be as broad and inclusive as permitted by the laws of the Province of Alberta, and that, if any portion of this agreement is held invalid, it is agreed that the balance, notwithstanding, continue in full legal force and effect. This Agreement contains the entire agreement between the parties in regard to Lighthouse Church.

**RELEASOR REPRESENTS THAT:**

I have carefully read this agreement. I state that I am over the age of eighteen years of age. I understand it is a release of all claims, including the negligence of Releasees.

I understand that I assume all risks inherent in Lighthouse Church set forth in this agreement.

I understand that I am indemnifying the Releasees.

I understand the information shared between the Releasor & Lighthouse Church is confidential and will not be shared or disclosed without the Releasor's permission.

**Exemptions include:** 1) Federal or Provincial Court; 2) Criminal Code Violations where physical and/or sexual abuse of children are involved; 3) whereby any person's life or health is in obvious danger.

I voluntarily sign my name as evidence of my understanding and acceptance of the provisions of this agreement.

Signed: \_\_\_\_\_  
Signature of Releasor

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_  
Parent/Legal Guardian signature if under 18 years of age.

**Please Note: No part of this document may be altered or changed without permission from Lighthouse Church Stony Plain, AB, Can.**

# SPIRITUAL CLEANSING & DELIVERANCE PARTICIPANTS INVENTORY

Name \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

The following inventory is to help you experience freedom from your past and anything that would keep you from victory in the present or future. You will be addressing areas where Satan most commonly takes advantage of us and where strongholds are most likely to be built. As you answer these questions, make every effort to submit inwardly to God and openly resist the devil.

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## Your Christian Experience:

1. What was your parents' Christian experience?

\_\_\_\_\_  
\_\_\_\_\_

2. What was your grandparents' Christian experience (on both sides of your family)?

\_\_\_\_\_  
\_\_\_\_\_

3. Explain briefly your conversion experience. At what age did you come to Christ? Was your life really changed? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Explain what happened at the Cross. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. What does the blood of Jesus mean to you? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you feel secure in God's love and/or acceptance?      Yes     No

Do you find prayer difficult mentally? \_\_\_\_\_ When did you first notice any difficulty? \_\_\_\_\_ Do you enjoy an intimate relationship with your heavenly Father? Please explain. \_\_\_\_\_

How often do you pray each week? \_\_\_\_\_

Do you enjoy praise and worship when you attend church? Please explain. \_\_\_\_\_

How would you rate yourself in Christian maturity on a scale of 1 to 10 (10 being the highest)? \_\_\_\_\_

Please explain: \_\_\_\_\_

What is your understanding of the Biblical Tithing Principle? \_\_\_\_\_

Are you regularly attending a church at the present time? Yes  No  If so, which church? \_\_\_\_\_  
What is the pastor's name? \_\_\_\_\_

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## CATEGORY: RELATIONSHIPS

Briefly describe your relationship with your **father** \_\_\_\_\_

Briefly describe your relationship with your **mother** \_\_\_\_\_

Briefly describe your relationship with your **siblings** \_\_\_\_\_

How did your **mother** show you that she loved you? Please explain \_\_\_\_\_

How did your **father** show you that he loved you? Please explain \_\_\_\_\_

Was your father: loving  passive  controlling  intimidating  rejecting   
Was your mother: loving  passive  controlling  intimidating  rejecting

Were you a planned child? Yes  No  Adopted? Yes  No  Conceived out of wedlock? Yes  No

Is your father living? Yes  No , A Christian? Yes  No

Is your mother living? Yes  No , A Christian? Yes  No

Are your parents married , divorced , or remarried

Do you have Stepparents?  Stepbrothers?  Stepsisters?

Please describe your relationship with each of these growing up?

How is it now? \_\_\_\_\_

Please describe your home environment growing up? \_\_\_\_\_

How would you describe your family's financial situation growing up?

Check: Poor  Occasional struggles  Moderate income  Affluent

Briefly explain \_\_\_\_\_

Was lying ever a problem to you? Yes  No  Is it now? Yes  No

Was stealing ever a problem to you? Yes  No  Is it now? Yes  No

As a child, teenager, or adult did you ever suffer an injustice? Yes  No

What? \_\_\_\_\_

By whom? \_\_\_\_\_

How would you rate yourself in emotional maturity on a scale of 1 to 10 (10 being the highest)? \_\_\_\_\_

Briefly explain \_\_\_\_\_

Please rate your self-image (check where applicable):

- |  |  |
|--|--|
| <input type="checkbox"/> low self-image              | <input type="checkbox"/> feel insecure         |
| <input type="checkbox"/> condemn myself              | <input type="checkbox"/> hate myself           |
| <input type="checkbox"/> feel worthless often        | <input type="checkbox"/> believe I'm a failure |
| <input type="checkbox"/> feel inferior               | <input type="checkbox"/> question my identity  |
| <input type="checkbox"/> punish myself (If so, how?) |  |

Do you have trouble giving or receiving love? Yes  At times  No

How would you rate your ability to communicate to persons close to you on a scale of 1 to 10  
(10 being the highest?) \_\_\_\_\_ Would your spouse/family agree? Yes  No

Do you like things to be perfect? Yes  At times  No

Briefly explain \_\_\_\_\_

Did your parents like things to be perfect? Yes  At times  No

Briefly explain \_\_\_\_\_

Did you feel secure and protected as a child? Explain \_\_\_\_\_

Please check any of the following emotions you have experienced. Would your family and/or friends agree with your list?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> frustration   | <input type="checkbox"/> fear of rejection        | <input type="checkbox"/> intimidation          |
| <input type="checkbox"/> bitterness    | <input type="checkbox"/> perceived rejection      | <input type="checkbox"/> anger                 |
| <input type="checkbox"/> worthlessness | <input type="checkbox"/> fear of losing your mind | <input type="checkbox"/> rage                  |
| <input type="checkbox"/> abandonment   | <input type="checkbox"/> fear of death            | <input type="checkbox"/> fear of man           |
| <input type="checkbox"/> anxiety       | <input type="checkbox"/> fear of abandonment      | <input type="checkbox"/> people pleasing       |
| <input type="checkbox"/> hatred        | <input type="checkbox"/> fear of failure          | <input type="checkbox"/> critical of others    |
| <input type="checkbox"/> unforgiveness | <input type="checkbox"/> fear of poverty          | <input type="checkbox"/> need to be right      |
| <input type="checkbox"/> worry         | <input type="checkbox"/> guilty/condemnation      | <input type="checkbox"/> moodiness             |
| <input type="checkbox"/> suicide       | <input type="checkbox"/> shame                    | <input type="checkbox"/> need to be in control |
| <input type="checkbox"/> rebellion     | <input type="checkbox"/> spiritual pride          | <input type="checkbox"/> self-reliance         |
| <input type="checkbox"/> depression    | <input type="checkbox"/> pride                    | <input type="checkbox"/> irritability          |

Have you received psychiatric treatment? Yes  No

hospitalization Yes  No

shock treatment Yes  No

psychoanalysis Yes  No

other Yes  No

Have you received professional Counseling? Yes  No

Marriage Counseling? Yes  No

Rehabilitation Counseling? Yes  No

Personal Ministry Yes  No

Do you have periods of time where you have no memory? Yes  No  Explain what periods: \_\_\_\_\_

Do you have toward anyone (check all that apply)    unforgiveness     resentment     bitterness     hatred   
If so, against whom and why? \_\_\_\_\_

**MARITAL STATUS:** Single  Married  Separated  Widowed  Divorced  Times - Married / Divorced \_\_\_\_\_

Reason for divorce:

1<sup>st</sup> marriage \_\_\_\_\_

2<sup>nd</sup> marriage \_\_\_\_\_

3<sup>rd</sup> marriage \_\_\_\_\_

What issues do you struggle with in your present marriage?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any generational patterns that you have observed in each of your parents families:

i.e. infirmities, addictions, emotional patterns, poverty, etc.

**FATHER'S SIDE**

**MOTHER'S SIDE**

\_\_\_\_\_  
\_\_\_\_\_

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**CATEGORY: SPIRITUAL**

*Check any of the following activities in which you have been involved knowingly or unknowingly. Ask the Holy Spirit to reveal to you any and all involvement. If in doubt, check it.*

**CULT**

- Jehovah Witnesses
- Christian Science
- The Way International
- Unitarianism
- Masons
- Mormonism
- Swedenborgianism
- Scientology
- Unity
- Children of God
- Other \_\_\_\_\_

**OCCULT**

- tarot card
- astral projection
- astrology
- automatic writing
- telepathy
- table lifting
- Ouiji board
- fortune telling
- blood pacts
- incubi and succubi
- (sexual spirits)
- clairvoyance
- ghosts
- automatic writing
- Other \_\_\_\_\_

**OTHER RELIGIONS**

- Black Muslim
- Yoga
- Hare Krishna
- Transcendental Meditation
- Islam
- Silva Mind Control
- Zen Buddhism
- Hinduism
- Bahaim
- Science of Mind
- Eckankar
- Other \_\_\_\_\_

Have you ever experienced any of the following:

Participation in hypnotism       Parapsychology       Any out of the ordinary spiritual experiences

Have you ever made a pact with the devil? Yes  No  Was it a blood pact? Yes  No

Are you willing to renounce it? Yes  No

To your knowledge, have your parents or any relative as far back as you know been involved in occultism or witchcraft?

Yes  No  Whom, and doing what? \_\_\_\_\_

Have you or do you ever read books on occultism or witchcraft? Yes  No  If so, why? \_\_\_\_\_

Have you played demonic games such as Dungeons & Dragons? Yes  No

Watch demonic films? Yes  No

Do you now? Yes  No

Have you ever visited a heathen temple? Yes  No  When? \_\_\_\_\_

Made offerings? Yes  No  What were they? \_\_\_\_\_

Did you take part in any ceremony? Explain: \_\_\_\_\_

Please check any symbols of idols or spirit worship you have in your home:

- |                                     |   |  |
|-------------------------------------|---|--|
| <input type="checkbox"/> Buddha's   | <input type="checkbox"/> Totem poles                | <input type="checkbox"/> Masks         |
| <input type="checkbox"/> carvings   | <input type="checkbox"/> Fetish objects or feathers | <input type="checkbox"/> Pagan symbols |
| <input type="checkbox"/> Native art | <input type="checkbox"/> Other                      |  |

Where are they from, and how did you get them? \_\_\_\_\_

Please check any of the following that may apply to family members:

- |   |                                   |   |
|---|-----------------------------------|---|
| <input type="checkbox"/> Freemason      | <input type="checkbox"/> Shriner  | <input type="checkbox"/> Rainbow Girl         |
| <input type="checkbox"/> Eastern Star   | <input type="checkbox"/> Elk      | <input type="checkbox"/> Daughter of the Nile |
| <input type="checkbox"/> Job's Daughter | <input type="checkbox"/> Amaranth | <input type="checkbox"/> Mormon               |
| <input type="checkbox"/> Oddfellow      | <input type="checkbox"/> Demolay  | <input type="checkbox"/> Jehovah Witness      |
| <input type="checkbox"/> Other, _____   |                                   |   |

If so, whom? \_\_\_\_\_

Do you suffer from:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> apathy             | <input type="checkbox"/> lack of emotion            | <input type="checkbox"/> confusion           |
| <input type="checkbox"/> suicidal thoughts  | <input type="checkbox"/> skepticism                 | <input type="checkbox"/> doubt               |
| <input type="checkbox"/> unbelief           | <input type="checkbox"/> bad dreams                 | <input type="checkbox"/> frequent headaches  |
| <input type="checkbox"/> frequent sickness  | <input type="checkbox"/> allergies                  | <input type="checkbox"/> sleeplessness       |
| <input type="checkbox"/> financial disaster | <input type="checkbox"/> comprehension difficulties | <input type="checkbox"/> day dreams          |
| <input type="checkbox"/> fantasies          | <input type="checkbox"/> unforgiveness              | <input type="checkbox"/> hatred              |
| <input type="checkbox"/> bitterness         | <input type="checkbox"/> resentment                 | <input type="checkbox"/> revengeful thoughts |
| <input type="checkbox"/> shame              | <input type="checkbox"/> numbness                   | <input type="checkbox"/> condemnation        |

Is there any Masonic regalia or memorabilia in your possession? Yes  No

If so, what? \_\_\_\_\_

Have you ever attempted to commit suicide? Yes  No  If so, when and why? \_\_\_\_\_

Have you ever wished to die? Yes  No  Spoken it aloud? Yes  No

Please explain? \_\_\_\_\_

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## CATEGORY: SOUL

Please check any of the following fears you may be bothered by? Fear of:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> failure                | <input type="checkbox"/> inability to cope | <input type="checkbox"/> inadequacy                     |
| <input type="checkbox"/> authority figures      | <input type="checkbox"/> the dark          | <input type="checkbox"/> death                          |
| <input type="checkbox"/> rape                   | <input type="checkbox"/> violence          | <input type="checkbox"/> being alone                    |
| <input type="checkbox"/> satan and evil spirits | <input type="checkbox"/> the future        | <input type="checkbox"/> men                            |
| <input type="checkbox"/> insanity               | <input type="checkbox"/> public speaking   | <input type="checkbox"/> women                          |
| <input type="checkbox"/> crowds                 | <input type="checkbox"/> heights           | <input type="checkbox"/> accident                       |
| <input type="checkbox"/> the opinion of people  | <input type="checkbox"/> old age           | <input type="checkbox"/> death or injury of a loved one |
| <input type="checkbox"/> enclosed places        | <input type="checkbox"/> terminal illness  | <input type="checkbox"/> divorce or marriage breakup    |
| <input type="checkbox"/> insects                | <input type="checkbox"/> spiders           | <input type="checkbox"/> dogs                           |
| <input type="checkbox"/> snakes                 | <input type="checkbox"/> animals           | <input type="checkbox"/> water                          |
| <input type="checkbox"/> pain                   | <input type="checkbox"/> loud noises       | <input type="checkbox"/> flying in an airplane          |
| <input type="checkbox"/> open spaces            |  |   |

Since becoming a Christian, do any of these fears still persist? Yes  No  If so, which ones?

Do you suffer from any chronic illness or allergies? Yes  No  What? \_\_\_\_\_

Is it hereditary? Yes  No

Have you had any severe accidents or traumas that stand out in your mind (not already mentioned above)? \_\_\_\_\_

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## CATEGORY: BODY

Do you have any compulsive habits or addictions/cravings where you lack self-control? *(Check those that apply)*

- |  |                                   |                                     |
|--|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> food in general                                     | <input type="checkbox"/> sweets   | <input type="checkbox"/> alcohol    |
| <input type="checkbox"/> drugs   | <input type="checkbox"/> gambling | <input type="checkbox"/> television |
| <input type="checkbox"/> sexual related activities, (including masturbation) |                                   |                                     |

Have you ever experienced physical abuse? Yes  No  verbal abuse? Yes  No   
sexual abuse (including incest, molestation or rape)? Yes  No ? Is it still happening? Yes  No

Do you have lustful thoughts? Yes  No

To your knowledge, was there evidence of lust or sexual misbehavior in your parents, grandparents or further back? Yes  No

Have you ever committed fornication? Yes  No  Adultery? Yes  No

With prostitutes? Yes  No

Have you ever had homosexual or lesbian desire or experience? Yes  No  Do you now? Yes  No

Are you currently involved in an illicit sexual relationship? Yes  No

Are you willing to break it off? Yes  No

Have you ever had a miscarriage? Yes  No

Have you ever had an abortion? Yes  No

Have you ever fathered a child that was aborted? Yes  No

Have you ever been plagued with desires of having sex with a child (pedophilia)? Yes  No

Have you actually done so? Yes  No

Have you ever fantasized or committed a sex act with an animal? Yes  No

Name all animals involved \_\_\_\_\_

Have you ever gone to a massage parlor and been sexually stimulated? Yes  No

Have you ever been involved with pornography?

Check those that apply:

porn movies     videos/DVDs     live sex shows     channel TV     Internet/computer

Are you still? Yes  No

At what age did you become involved? \_\_\_\_\_

(Married women only) Are you sexually frigid? Yes  No

Please share any other information you want us to know:

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