

FREEDOM PRAYER MINISTRY APPLICATION

PLEASE PRINT

Date of Application _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Message Phone: _____

Gender (male/female): _____ Age: _____

Church Attending: _____

Have you received ministry from Solomon's Rest Freedom Ministry Team in the past? _____

Approximate date of ministry: _____

Why would you like to receive personal prayer ministry? _____

Are you presently or have you in the past, received ministry from Solomon's Rest? _____

If yes, with whom? _____

Last date of ministry _____

Who referred you to the Freedom Ministry? _____

Do you attend a cell group or a home group? _____

If not, we strongly recommend you find one. We recommend that you share with someone whom you trust what happened during the Freedom Ministry so that you will have someone to pray with and hold you accountable (this person should not be who you consider your "best friend").

Will you be able to fast or pray one week before your ministry session? _____

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

If you wish to donate to Solomon's Rest, you may send the donation when you return this application and the signed Liability Release form to Solomon's Rest, Attention Freedom Ministry, 703 N 5th St, Bismarck ND 58502.

We will contact you to schedule an appointment as soon as you paperwork is received. Thank you.