

Welcome to Healing Ministry

For FIRST TIME VISITORS
- Please complete information below and sign

The Lord Jesus Christ is our healer. You will receive Christian healing ministry from a small group of people who believe in Him. We are not counselors nor doctors. We are Christian friends praying for your healing.

Please fill out the form below:

Name _____ Phone _____

Address _____ Email _____

City _____ State _____ ZIP _____

Gender (circle): Male Female Please indicate if you desire a team of: only men only women

Age Group (circle): Under 18 18-29 30-39 40-49 50-59 60-69 70-79 80-89 90-99
100-110 110+

Do you participate in or identify with a particular religion? If so, which one:

1. Please describe your situation or condition. Please include physician's diagnosis, if available.

2. What specifically do you want prayer for in this session?

I understand that those praying with me are not trained counselors, therapists, nor medical professionals. I understand that I am not being instructed to stop seeing my doctors nor to stop taking any medications. I am present of my own free will and I understand that I may leave at any time. I hereby release the Healing Ministry of Nevada County and Sierra Ministries International and its volunteers or staff members from any liability for any harm or perceived harm resulting from my voluntary participation in prayer on this and subsequent visits.

Signature _____ Date _____

(Children under age 18 must be accompanied by a parent or legal guardian.)

Please return this form to the receptionist. Please find a seat in the reception area and quiet yourself while listening to the music and reading the materials provided. You will be called and guided to a small group for ministry. A friend or family member is welcome to come with you. We want to stand with you during your illness and invite you to return for more ministry again.