

GOD'S E.R.

FREED FROM ALL THINGS

Acts 13:39 and through Him everyone who believes is freed from all things

CERTIFICATE APPLICATION

PLEASE TYPE OR PRINT CLEARLY IN INK

PERSONAL INFORMATION:

Date _____

Full Name _____

Date of Birth: _____

Spouse _____

Date of Birth: _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address _____

Marital Status: ☐ Never Married ☐ Married (____ years) ☐ Separated ☐ Divorced ☐ Widowed

Employer _____ Line of Work: _____

Length of Employment: _____

SPIRITUAL INFORMATION

Salvation Date: _____ Where? _____

Have you received the baptism of the Holy Spirit with the evidence of Speaking in other tongues? Yes/No

If yes, how often do you use and what is the outcome? _____

Are you a member of Victory Christian Center or other church? Yes/No How many years? _____

Where? _____ What services do you attend *and how often*? _____ times a month

Circle all that apply: Sunday Morning/Evening Wednesday Evening Saturday Evening Other

Current ministry involvement: _____

Ministries you have previously been involved with: _____

Describe your personal devotional habits (Bible reading, prayer, worship, etc.): _____

List your personal strengths: _____

List your personal weaknesses: _____

What would you say your spiritual giftings include?: _____

Please list your personal hobbies and abilities: _____

PERSONAL & SPIRITUAL INTEGRITY:

Do you walk in love toward others and have the peace and joy of the Lord in you life? Yes/No

Are you free from ALL unforgiveness or resentment toward others? Yes/No

Have you abstained from alcohol, tobacco and illegal drugs since attending God's E.R.? Yes/No

Have you kept yourself from gambling (lottery, internet, casino, etc.) since attending God's E.R.? Yes/No

Have you kept yourself from immoral sexual activity (fornication, adultery) since attending God's E.R.? Yes/No

Have you kept yourself from pornography (*including R, X, or NC-17 movies*) since attending God's E.R.? Yes/No

Have you been free from counseling or behavioral medications since attending God's E.R.? Yes/No

Is your immediate family in order and your home free from strife and arguments? Yes/No

Do you feel free from demonic harassment or interference since attending God's E.R.? Yes/No

PLEASE READ BEFORE SIGNING

I release all references and agencies, Victory Christian Center, and any associated organizations, employers, and agents from any potential liability for damages that could possibly accrue to me or my family as a result of providing information due to these requests.

I hereby acknowledge that I have read and understood the foregoing, and have answered all questions to the best of my knowledge.

Signature _____ Date _____

Print Name _____

PERSONAL TESTIMONY: (Type or Hand write)

Please type on a separate sheet of paper or clearly print in ink on this page an autobiographical sketch of your Christian experience (past & present). Include any and all former involvement in the occult, witchcraft, drugs, demonic worship, and any former experience or interest in deliverance, spiritual freedom, emotional healing and physical healing.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface. There is no handwriting or other markings on the paper.

Signature _____ Date _____
Print Name _____