



**TRUTH MINISTRY**  
**TOTAL RESTORATION OF UNITY THROUGH HIM**

Do you find yourself struggling in your faith walk or perhaps not fully experiencing God's insurmountable love, joy, and peace?

The TRUTH ministry is available to God's children that wish know Him more intimately and understand His grace in every area of their life.

God is a gentle, loving, and tender Father who desires for His children to live in wholeness and experience the fullness of His joy. We welcome you to be a part of this freeing ministry!

**John 8:32 " ...And you will know the truth, and the truth will set you free."**

**What to Expect**

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Each TRUTH participant will have two Encouragers during their time of ministry. Meetings will consist of four sessions, which generally meets once every two weeks.

For additional information or questions, please contact the leadership at Liberty Life Center.

Please complete below form and submit to Charlotte "Charlie" Tallant – or any leader.



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NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

How often do you attend church? \_\_\_\_\_  
*(Regular church attendance is required for participation in the TRUTH ministry)*

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

How often do you read your Bible? \_\_\_\_\_

Please list any prior counseling you have received:

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In the past several months, identify and list any struggles you are encountering and ungodly thoughts that you are experiencing.

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List past and present incidents that cause you pain, tension, or unforgiveness:

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**Your Availability**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**Place an "X" in the square for all available meeting times.**

<b>Time</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thu</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
<b>9:00am</b>							
<b>10:00am</b>							
<b>11:00am</b>							
<b>12:00pm</b>							
<b>1:00pm</b>							
<b>2:00pm</b>							
<b>3:00pm</b>							
<b>4:00pm</b>							
<b>5:00pm</b>							
<b>6:00pm</b>							
<b>7:00pm</b>							
<b>8:00pm</b>							



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**Past or Present Ungodly Activities**

Please circle all that apply – even if you have experienced freedom from the activity. This will help the Encourager with insight from your past and any potential generational curses.

Blood pacts or cutting	Psychics / Fortune Telling	Spirit Guides	Ouija Board	Sexual Spirits
Mormonism	New Age Medicine / Crystals	Fantasy	Spirit Worship	Tarot Cards
Palm Reading-Tea Leaves	Astrology/Horoscope	Masons	Christian Science	Numerology
Superstitions	Meditation / Sensei	Hypnosis	The Forum (EST)	Science of the Mind
Science of Creative Intelligence	Occult Powers or Cruel Violence	Bahaism	Bloody Mary	Black or White Magic
Using Spells or Curses	Yoga and ungodly meditation	Roy Masters	Mental Control of Others	Idols (money, movie stars, etc.)
Seances / Table Body Lifting / Trances	Role-playing games, "Magic"	Muslim	The Way International	Magic Eight Ball
Visualization (Attempting to create reality in your mind)	Objects of Worship, i.e., Good Luck	Charms	Unitarianism	Automatic Writing
Children of God (Children of Love)	Occult or demonic Games, Movies, TV, Music, Videos, Books, Magazines	Silva Mind Control	Church of the Living Word	Scientology
Buddhism (Incl. Zen)	Martial Arts / Eastern Mysticism	Islam	Blood pacts or cutting	Hinduism
Chants – Mantras	Silva Mind Control	Hare Krishna	Jehovah Witnesses	Unification Church
OTHER (list any that may apply):				



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**Statement of Understanding and Consent Form**

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**(Please Print)**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone (cell): \_\_\_\_\_ Phone (other): \_\_\_\_\_

I understand that the TRUTH Encouragers are not professional or licensed counselors, therapists, medical or psychological practitioners. The Encouragers are helping me through God's Word in finding freedom in Christ. I am aware that my Encouragers may need to intervene if he or she suspects that a child under the age of 18 or an elder over the age of 65 is currently endangered by abuse, or if I am a danger to others or myself.

I understand that I am not being advised to alter any prescription medication that I am currently taking. This is a matter between my physician and myself.

I understand that I am free to leave at any time during the TRUTH session and am participating voluntarily. I understand that I am under no financial obligation. I am also aware of my right to ask for clarification of any part of this statement or understanding.

I further agree to hold Liberty Life Center and all subsidiaries and people harmless.

Signed: \_\_\_\_\_

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**Parental or guardian signature is required if under the age of 18.**

I am under the age of 18 (check here if applicable)

Parent/Guardian Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_