Personal Consent Form to Receive Ministry

I, _____hereby affirm and agree for Kathy Romero of The Shephard's Heart and Hands to minister to me in the areas of Spiritual Counseling, Personal Ministry, and the Ministry of Deliverance.

This form acknowledges your understanding and agreement to receive ministry from Shepherd's Heart and Hands in the areas of Spiritual Counseling, Personal Ministry, and the Ministry of Deliverance. Please read carefully before signing.

Description of Ministry

- **Spiritual Counseling:** This involves guidance and support rooted in Christian principles, aiming to address personal and spiritual challenges through prayer, biblical wisdom, and discernment. It is not a substitute for professional psychological or medical care.
- **Personal Ministry:** This includes prayer, encouragement, prophetic insight (as led by the Holy Spirit), and practical biblical application to your specific life circumstances.
- **Ministry of Deliverance:** This ministry focuses on identifying and addressing spiritual strongholds, oppressions, demonic, and influences that may hinder an individual's spiritual growth and freedom, through prayer, repentance, and casting out demons by the authority of Jesus Christ. It is conducted with sensitivity and respect for the individual.

Your Understanding and Agreement: By signing this form, I confirm that:

1. I am voluntarily seeking and requesting ministry from Shepherd's Heart and Hands.
2. I understand that the ministry provided is based on Christian faith and biblical principles.
3. I acknowledge that the ministers are not licensed medical or psychological professionals, and this ministry does not replace professional medical or psychological treatment. If I have medical or psychological conditions, I will continue to seek professional help from qualified practitioners.
4. I understand that the effectiveness of the ministry is dependent on my openness, cooperation, and commitment to God's Word.
5. I grant permission for the ministers to pray for me and to speak into my life as they are led by the Holy Spirit, within the context of the ministry requested.
6. I understand that information shared during ministry sessions will be kept confidential, except in cases where there is a clear and present danger to myself or others, or as required by law. In such circumstances, relevant authorities may be notified.
7. I release Shepherd's Heart and Hands, its ministers, staff, and volunteers from any and all liability for any adverse effects or consequences that may arise from my participation in this ministry. I understand that I am fully responsible for my own choices and actions.
8. I have had the opportunity to ask questions and have received satisfactory answers regarding the nature of this ministry.
9. I am at least 18 years of age and legally competent to make this decision.

Affirmation

I have read and understood the terms of this consent form and voluntarily agreed to receive ministry from Shepherd's Heart and Hands under these conditions.

Please note that we are not licensed or trained as psychotherapists, mental health professionals, or professional counselors. Our services are not a substitute for professional mental health care. If you are experiencing a mental health crisis or believe you may need professional help, please consult with a qualified and licensed professional.

All guidance, counsel and advice that I receive will be solely based on Scriptural principles and Christian biblical standards as spelled out in the Holy Bible, the written Word of God.

I further understand and acknowledge that all ministry is under the direction and control of the Holy Spirit, and that no guarantees are made, nor can be made, with regard to my healing and or deliverance.

I state that I have voluntarily sought this ministry for myself and that I hereby release The Shepherd's Heart and Hands, inc and Kathy Romero, Joseph Romero, all volunteers working with this ministry from any and all claims of actual or implied liability that may arise now or in the future as a result of the ministry I receive.

Signature: _____

Printed Name: _____

Date: _____

(Optional Witness for adults, required for a minor)

Witness Signature: _____

Printed Name of Witness: _____

Date: _____

The Shepherd's Heart and Hands, Inc. 232 N Pershing Dr. Muncie, Indiana 47305