



ALETHEIA MINISTRIES

Application Form

Please Print:

Date of Application _____

Name _____ Email _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell _____

Age _____ Gender _____

Church Attending _____ Pastor's Name _____

How did you hear about Aletheia Ministries? (Be specific)

Why would you like to receive ministry? _____

Have you received ministry from Aletheia Ministries in the past? _____ Approx date of ministry? _____

If able, would you be willing to fast or pray one week prior to your ministry session? _____ Yes _____ No

Are you currently under the care of a professional counselor, psychologist, or psychiatrist? _____ Yes _____ No

Have you been diagnosed with any condition? If yes to either, please describe

Are you currently taking any medication prescribed through this care? _____ Yes _____ No

Please indicate which time works best for you to come in for ministry.

Tuesday mornings from 10 am – noon _____ Yes _____ No

Thursday evenings from 7 pm – 9 pm _____ Yes _____ No

Ministry Sessions will be held at the following location:

St. Giles Presbyterian Church

2027 Emerywood Drive

Charlotte, NC 28210

Donations Appreciated