



Background Experience Information

Name: _____

Address: _____ Date: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Please write legibly. Be as concise and direct with your answers as possible. Upon completion please return via email or snail mail to:

ISDM/ Bill Sudduth
P.O. Box 1555
Stephens City, VA 22655
PH: (719) 792-0079
Fax: (866) 794-1948
info@isdministers.org

1. How long have you been a Christian?
2. Are you a member of a local church? Do you serve in the church in any capacity?

Church information:

Name

Pastor's name

Address

Phone number

3. Who is your spiritual covering?

Name

Address

Phone number

Email

4. Does this person/organization recognize and bless the fact you are a deliverance minister?

5. Will he/she serve as a reference if you are nominated to ISDM?
6. Do you believe a Christian can be demonized?
7. Where did you receive training in deliverance ministry?
8. What books and authors have you read concerning deliverance ministry?
9. Do you use Theophostic material to minister?
10. How long have you been involved in deliverance ministry?
11. Do you currently have a deliverance ministry?
12. How many deliverance appointments do you have per month?
13. Do you pray for those in need of deliverance and inner healing on a consistent basis?
14. Do these individuals receive freedom as a result of your ministry? Do you have written testimonies?
15. Do you know other deliverance ministers who would recommend you?

Name

Address

Phone number

Email

16. What questions do you have concerning ISDM?