



## RADICAL TRANSFORMATION 4 COACHING

We are excited to be embarking on this journey with you, and look forward to getting to know you better. Complete the following basic information by typing into the form; email it back along with your photo and liability form.

### Applicant Information

Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address/ Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

What is your height and weight? \_\_\_\_\_

Status: Married  Single  Divorced  Widowed

Do you attend a church, if so where? \_\_\_\_\_

In what ways are you involved? \_\_\_\_\_

Have you received counseling before? Yes  No

If yes when? \_\_\_\_\_ What were the results: \_\_\_\_\_

What are your expectations in receiving coaching? \_\_\_\_\_

How did you hear about Radical Transformation?  
If it was a friend, who? \_\_\_\_\_

What service can we facilitate for you? Options listed with suggested Donations:

Coaching/Mentoring with Ravi

RT4 One Time Call \$200

RT4 Coach \$500 (3-4 weeks one-on-one)

RT4 Empowered Coaching Program \$2,000 (RT4 3 weeks one-on- one and 3 months of bi-weekly empowerment sessions)

RT4 Certified Coach

RT4 Coach \$120 (4 weeks on-one-one with an RT4 Coach) *Further instructions will be given on how make the donation for this program.*

Do you have a preference for your coach?

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Ravi Kandal, Susan Bilic or Mary Haynes

What time is your preference call/s?

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*Give two options, include best day and time:*

Note Ravi does his coaching Tuesday, Thursday Friday in Central Time Zone (same as Chicago) scheduling appointments at 9:30 am, 10:45 am, 12:45 pm, 2:00 pm, or 3:15 pm. Susan and Mary have some broader availabilities.

SEND COMPLETED FORMS AND PHOTO TO:

- EMAIL [kfs.jackie@gmail.com](mailto:kfs.jackie@gmail.com)
- KINGDOM FOUNDATIONS 1157 RIDGE RD LAWRENCEVILLE GA 30043

DONATION OPTIONS

- Send a check made out to Kingdom Foundation mailed to 1157 RIDGE RD LAWRENCEVILLE GA 30043
- PayPal, link found at [www.kingdomfoundations.org](http://www.kingdomfoundations.org).



## Liability Form

I, \_\_\_\_\_ (your name), acknowledge that team members from Kingdom Foundations Ministry have voluntarily agreed to pray for me and minister to me. I understand that this session is not a professional counseling meeting. I understand that the team members are, to the best of their ability and under the leadership of Kingdom Foundations, doing what they can to agree with God's Word and God's leading to help me achieve more freedom in my life.

I state that I have voluntarily sought assistance and that I am under no obligation to accept or reject any of the advice or help that I might receive from the team members of this ministry.

I understand that if I receive ministry from Kingdom Foundations Ministry, the team is committed to respect the disclosed information and will maintain a pastoral level of confidentiality. This information, as given in writing from me, may be shared with other persons involved in my healing process. Kingdom Foundations is a mandated reporter and is obligated by law to report abuse.

I agree to hold Kingdom Foundations and its team members free from any and all liability, loss, or damage of any kind that may arise as a result of assistance, which I have received, or from my involvement with Kingdom Foundations.

I understand that change comes through my commitment to given homework and apply effort on my part to bring lasting change.

I have read this disclaimer and release of liability. I understand and agree with it. I have executed it as my free and intentional act.

Date:

Name:

Signature:

\_\_\_\_\_

I understand in typing my initials here the above constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.