

Deliverance Feedback Survey



Your Name _____ today's date: _____

Deliverance Volunteer Name (1) _____

Deliverance Volunteer Name (2) _____

Please rate your deliverance session experience today from 1 to 5: (Circle one)

1 being not so good, and 5 being amazing: 1 2 3 4 5

Do you have a testimony to share (Freedom or Breakthrough)?

Please describe your experience today.

Do you have any suggestions or feedback for Revival Harvest Ministry, or for your deliverance team?

Signature _____