

PIHOP House of Healing Team Application



Name: _____ Date: ____/____/____

Phone number: (____) _____

Address: _____
Street City Zip Code

Date of Birth: _____ Email: _____

Which position(s) are you applying for? Circle all that apply

Prayer Servant Praise/Worship Intercessor Greeter Administrator

Testimony Writer Artist Dancer Website Other _____

Are you a Christian? YES NO

If yes, when did you accept Christ? _____

Have you been baptized in the Spirit? YES NO

If yes, when? _____

Describe your relationship with God: (Use extra paper if necessary)

What church do you currently attend? _____

For how long? _____

How often? Weekly 2-3 times/month monthly other _____

Senior Pastor's name: _____

Are you actively serving/volunteering in ministry? YES NO

Please describe your involvement:

The next three questions are asked because of legal precedent in actions taken against churches/ministries where liabilities were determined due to incomplete screening of volunteer staff members. Please help us by answering these questions. Your responses are kept confidential.

Have you ever been charged with and/or convicted of a crime or felony? YES NO

If yes, please explain

Is there anything we need to know about your physical or mental health, i.e., HIV positive, AIDS, epilepsy, handicaps, or chronic illness?

Were you a victim of sexual abuse or molestation while a minor? YES NO

I certify that the responses given on this application are true and accurate.

Print Name

Signature

Date