

Application

Name: _____

Spouse: _____

Address: _____

City: _____

State: _____

Zip _____

How long have you been associated with your church? _____

Have you been water baptized? _____

Have you received the Baptism in the Holy Spirit as evidenced by speaking in tongues? _____

Approximate Date _____

Are you willing to be a team participant? _____

Are you willing to submit to monitoring and loving correction if necessary? _____

Describe all Ministry training, if any, do you have? _____

What experience, if any, do you have in ministering to sick people? _____

Describe your reason for desiring to partner with this prayer ministry? _____

We require a "letter of recommendation" from your Pastor stating that you are in "good standing" in your congregation and that it is with his\her approval that you partner in the Healing Room Ministry.

Church Name: _____

Church Address: _____

City: _____

State: _____

Zip: _____

Pastor's Name: _____

Phone: _____

LIVING WORD HEALING ROOM MINISTRY

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