



IAHR Healing Rooms for Canada

National Healing Rooms Headquarters

P.O. Box 912, Arthur ON N0G 1A0

519-848-3223 admin@fhhm.org www.fhhm.org

Dear Future Director,

IAHR is a ministry that values relationship, and as such, our goal is to get to know you better! That is the main reason for this questionnaire. Please answer these questions as honestly as possible. In no way do we wish you to feel uncomfortable or under any judgment by the way these questions are answered.

Each person who will have “Director” in their title must fill out and submit a questionnaire. If now, or at a later date you add an Associate or Co-Director to your leadership team, they must fill out and submit a questionnaire. If you have more than 1 Director/ Co/ Associate, please copy the forms as needed.

We have found many pick the name of their Healing Rooms right away. A guideline we highly recommend is that you include somewhere in your name, “Healing Rooms,” so that you are readily identified with IAHR. This will help validate you as an IAHR member, associated with Healing Rooms Ministries in Spokane, Washington USA and Arthur, Ontario Canada.

If you need more room for your answers, please feel free to write on the back or attach another sheet of paper.

Please mail the completed application to the IAHR Healing Rooms for Canada Headquarters (address below) and a copy to your Provincial Director (if applicable):

Father’s Heart Healing Ministries
P.O. Box 912
Arthur, ON
N0G 1A0

or scan and email to Vanessa Belanger, National Administrator - vanessa@fhhm.org

Important communication from the National Headquarters to “Team Canada” (Canadian Healing Rooms) is via email. If you do not already have an email address, please sign up for one and notify us of your email address. Many Healing Rooms include their name in their email address, others choose to use their personal email.

We look forward to serving you, and helping you every step of the way as you prepare to open and operate a Healing Rooms!

Blessings,

Rev. Cal Pierce and *Maggie & Eddie Baratto*
IAHR International Director IAHR Canadian Directors



IAHR Membership Application



Director Information

Date: _____

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City Province Postal Code Country

Phone: HOME (include area code) _____ Phone: CELL (include area code) _____

E-mail Address: _____

Pastor's Name: _____ Pastor's Phone: _____

Church you attend: _____

Associate / Co-Director Information (if applicable)

Associate Director <<<Please check the appropriate Director title>>> Co-Director

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City Province Postal Code Country

Phone: HOME (include area code) _____ Phone: CELL (include area code) _____

E-mail Address: _____

Pastor's Name: _____ Pastor's Phone: _____

Church you attend: _____

Associate / Co-Director Information (if applicable)

Associate Director <<<Please check the appropriate Director title>>> Co-Director

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City Province Postal Code Country

Phone: HOME (include area code) _____ Phone: CELL (include area code) _____

E-mail Address: _____

Pastor's Name: _____ Pastor's Phone: _____

Church you attend: _____

ADVISORY BOARD CANDIDATES

(This "Advisory Board" is not a Board of Directors as needed for a Registered Charity)

(We recommend 3 Pastors, an Intercessor and a Lay Person)

Pastor/Minister Intercessor Lay Person <<<Please check the appropriate title

Full Name: _____

Last *First* *M.I.*

Address: _____

Street Address *Apartment/Unit #*

City *Province* *Postal Code* *Country*

Phone: HOME (include area code) _____ Phone: CELL (include area code) _____

E-mail Address: _____

Pastor's Name: _____ Pastor's Phone: _____

Church you attend: _____

Board Member #2

Pastor/Minister Intercessor Lay Person <<<Please check the appropriate title

Full Name: _____

Last *First* *M.I.*

Address: _____

Street Address *Apartment/Unit #*

City *Province* *Postal Code* *Country*

Phone: HOME (include area code) _____ Phone: CELL (include area code) _____

E-mail Address: _____

Pastor's Name: _____ Pastor's Phone: _____

Church you attend: _____

Board Member #3

Pastor/Minister Intercessor Lay Person <<<Please check the appropriate title

Full Name: _____

Last *First* *M.I.*

Address: _____

Street Address *Apartment/Unit #*

City *Province* *Postal Code* *Country*

Phone: HOME (include area code) _____ Phone: CELL (include area code) _____

E-mail Address: _____

Pastor's Name: _____ Pastor's Phone: _____

Church you attend: _____

Board Member #4

Pastor/Minister Intercessor Lay Person <<<Please check the appropriate title

Full Name: _____

Last *First* *M.I.*

Address: _____

Street Address *Apartment/Unit #*

City *Province* *Postal Code* *Country*

Phone: HOME (include area code) _____ Phone: CELL (include area code) _____

E-mail Address: _____

Pastor's Name: _____ Pastor's Phone: _____

Church you attend: _____

Board Member #5

Pastor/Minister Intercessor Lay Person <<<Please check the appropriate title

Full Name: _____

Last *First* *M.I.*

Address: _____

Street Address *Apartment/Unit #*

City *Province* *Postal Code* *Country*

Phone: HOME (include area code) _____ Phone: CELL (include area code) _____

E-mail Address: _____

Pastor's Name: _____ Pastor's Phone: _____

Church you attend: _____

HEALING ROOMS INFORMATION

Name of Healing Room: _____

Name of Facility/ Church: _____

Charity # (if applicable): _____

Location: _____

Street Address *Unit #*

City *Province* *Postal Code* *Country*

Phone: _____ Days & Hours of Operation: _____

E-mail Address: _____ Web Site Address: _____

Mailing Address: in care of: _____

Street Address *Apartment/Unit #*

City *Province* *Postal Code* *Country*

MEMBERSHIP REQUIREMENTS AND FEES

Membership Requirements

I have fulfilled all of the requirements set forth for membership in IAHR, which includes training
I have attended training in Spokane or with an IAHR National, Regional, Assistant Regional, Provincial Director or Provincial Area Coordinator

_____ Date of Training _____
(Please indicate with whom you have received training)

I agree to pay the ongoing IAHR membership fees.

Signature: _____

Payment:

Monthly Dues: \$30.00/ month

Healing Rooms monthly membership dues are paid to Father's Heart Healing Ministries located in Ontario, Canada.

Payment options include:

- a) Online at www.fhfm.org
- b) Cheques made payable to Father's Heart Healing Ministries
Please mail to address below.
- c) Email transfer: Please contact Vanessa Belanger, National Administrator - vanessa@fhfm.org

**Please mail original to the IAHR Canadian Headquarters (address below)
and a copy to your Provincial Director (if applicable):**

***Father's Heart Healing Ministries
P.O. Box 912
Arthur, ON
N0G 1A0***

www.fhfm.org 519-848-3223

Director's Questionnaire

Name: _____
Address: _____

E-mail _____
Phone _____

Please mail original to the IAHR Canadian Headquarters (address below) and a copy to your Provincial Director (if applicable):

Father's Heart Healing Ministries
P.O. Box 912
Arthur, ON N0G 1A0
www.fhbm.org 519-848-3223

- 1.) How long have you been a Christian?
- 2.) Are you baptized in the Holy Spirit with the evidence of speaking in tongues?
- 3.) Are you married?
- 4.) Does your spouse understand and support your call to the ministry?
(If you and your spouse will be directors in Healing Rooms, please be sure **each** of you completes a questionnaire.)
- 5.) What is your current involvement in your church?
- 6.) Are you involved in a ministry? If so, please give the name of that ministry.
- 7.) Please list any society, lodge, or organization you belong to.
- 8.) Who besides God are you accountable to?
- 9.) Do you have leadership experience? If so, please describe the position held and list your responsibilities.
- 10.) Why do you desire to be a director of a Healing Room?
- 11.) How and where did you receive Healing Rooms training?
- 12.) To your knowledge, is there anyone opposed to you being the director?
If so, please explain.
- 13.) How do you plan to include people from other churches on your ministry team?

I agree to follow the model and guidelines for our healing rooms as taught by the International Association of Healing Rooms. I will strive for unity in relationships within my city, IAHR, and all others involved in Healing Rooms Ministries.

Signature _____ Date _____

For existing Healing Rooms only: Name of HR, City, Province: _____

Associate Director's Questionnaire

Name: _____
Address: _____

E-mail _____
Phone: _____

Please mail original to the IAHR Canadian Headquarters (address below) and a copy to your Provincial Director (if applicable):

Father's Heart Healing Ministries
P.O. Box 912
Arthur, ON NoG 1A0
www.fhbm.org 519-848-3223

1.) How long have you been a Christian?
2.) Are you baptized in the Holy Spirit with the evidence of speaking in tongues?
3.) Are you married?
4.) Does your spouse understand and support your call to the ministry?
(If you and your spouse will be associate directors in Healing Rooms, please be sure **each** of you completes a questionnaire.)
5.) What is your current involvement in your church?
6.) Are you involved in a ministry? If so, please give the name of that ministry.
7.) Please list any society, lodge, or organization you belong to.
8.) Who besides God are you accountable to?
9.) Do you have leadership experience? If so, please describe the position held and list your responsibilities.
- 10.) Why do you desire to be an associate director of a Healing Room?
- 11.) How and where did you receive Healing Rooms training?
- 12.) To your knowledge, is there anyone opposed to you being an associate director?
If so, please explain.
- 13.) How do you plan to include people from other churches on your ministry team?
Why or why not?

I agree to follow the model and guidelines for our healing rooms as taught by the International Association of Healing Rooms. I will strive for unity in relationships within my city, IAHR, and all others involved in Healing Rooms Ministries.

Signature _____ Date _____

For existing Healing Rooms only: Name of HR, City, Province: _____