



INTENSIVE CARE INTERN APPLICATION FORM

Name: _____
First Middle Last

Address: _____
#, Street, P.O. Box

City Province Postal Code

Phone # (Res.): _____ Cell: _____

Email: _____ Date of Birth (optional): _____

male female Born Again _____ +/- years
 single married Baptized in the Holy Spirit _____ +/- years

Spouse's name (if applicable): _____

Emergency contact: _____

Phone #: _____ Relationship: _____

Home Church/ Cell Group: _____ Phone #: _____

Special Training and/ or experience: _____

What languages do you speak? _____

Personal Skills & Talents (i.e. singer, musician, computer capabilities, trade, etc.): _____

Current Employment (if applicable): _____

Educational Background: _____

Previous experience with children, seniors or other vulnerable persons _____

Have you ever worked/ volunteered in an inner healing ministry before? _____

If yes, where? _____ For how long? _____

What did you do? _____

Reason for leaving (if applicable): _____

Please list 3 references who have know you for a minimum of 2 years. Preferably professional such as an employee, previous volunteer supervisor, Pastor, cell group leader, teacher, etc. (NOT a relative.)
Reference Forms are emailed, please write clearly.

1. _____
Name Affiliation

Email

2. _____
Name Affiliation

Email

3. _____
Name Affiliation

Email

If you are age 16 years and under, a completed and signed Parent/ Legal Guardian Form must accompany your application. At least two references will be checked. You are NOT required to complete a Criminal Background Check & Vulnerable Sector Verification.

Yes No - I have completed the 2 day Intensive Care Training

Yes No - I have completed 2 Personal Intensive Care Sessions

Signature

Date

We will contact you for an interview once you have completed:

1. 2 Day Intensive Care Training
2. 2 personal Intensive Care Sessions
3. Application including police check



Father's Heart Healing Ministries

P.O. Box 912 Arthur, ON NoG 1A0 519-848-3223 www.fhfm.org

Dear Pastor / Leader:

We at **Father's Heart Healing Ministries** would like to have more of God's Saints on our Team. We need volunteers in several areas: Helps Team, Office Staff, Intercessors, Ministry Team, Trainers, Administration, etc.

We wish to be as inclusive as possible. However, we are aware that there are different levels of consecration and maturity required for each of these areas of responsibility. Putting someone in the wrong place at the wrong time can be injurious to the volunteer, the ministry, and possibly to those who come to receive ministry.

We have a multiple level training program for those who desire to be on our ministry prayer team. This allows for a safe training period. Those who desire to join the Ministry Team will be closer to the front lines. As a result, they may come under additional attention of the enemy. Therefore, it is very important that they are on a solid foundation of faith, and that no serious character or sin issues are present. We believe it is crucial that they be covered under the authority of the local church.

The local church will benefit greatly as these volunteers get steeped in the Word of Healing and practice the word of ACTS not just here in the Healing Rooms, but also in their respective home churches as they are released to do so.

Can you please help us with the following survey of the person identified below?

_____ of _____ Phone # _____
Full Name City, Province

Does this person attend regularly at your church? YES / NO (Circle one)

Has this person fellowshiped at your church long enough for you (or those you trust) to have developed some insight into their character? YES / NO (Circle one)

Does this person have a healthy respect for authority? YES / NO (Circle one)
Does this person have a healthy attitude toward the Church? YES / NO (Circle one)

Have you or if needed, would you release them into one or more of the following areas of your church ministry?

Please circle one or more of the following :

- | | |
|---|---|
| Helps Ministry (Maintenance – Office) | Helps Ministry (Hospitality –Greeting) |
| Intercessory prayer (Behind the scenes) Team / Trainee | Intercessory prayer (Frontline Team Ministry) Ministry Team Leader / Trainer |
| Retail (Cafe, Bookstore, Boutique) | Beauty for Ashes Transformation House (BATH) |

Name (Please Print) _____ Signature _____
Title _____ Date _____
Affiliation (Church) _____
Phone # _____ Email: _____

(Please attach additional sheet for comments)

FHHM CONSENT & CONFIDENTIALITY AGREEMENT

Name of Employee/ Volunteer/ Intern: _____

I, as a Father's Heart Healing Ministries team member, understand that this is not a counselling ministry and I do NOT do counselling of any kind. I agree that I never give medical or nutritional advice. An example of nutritional advice would be what vitamins, food, supplements, types of diets or other natural remedies to take.

I encourage people to see their Doctors/ Counsellors and to continue taking their medications until their medical professionals have released them. In the event that a guest should talk about or mention getting off their medications, I will encourage them not to stop taking their medication without their Doctor's approval. This communication needs to be documented on the person's ministry sheet or brought to the attention of FHHM Leadership.

If I am in a situation where any of the above policies have been violated by a team member, I need to graciously correct the situation or notify one of the FHHM Leaders.

When giving a prophetic word I do not give specific names, dates or time frames.

I acknowledge that during my employment/ volunteer/ internship with FHHM, I will have access to personal information and personal health information about the guests who attend FHHM programs, their families and other employees/ volunteers which is of a private and confidential nature.

- Therefore, I do NOT discuss anyone's confidential personal information, with the exception of FHHM Leadership.
- At all times I will respect the privacy of our guests, their families and other employees/ volunteers/ agents.
- I will treat personal information and personal health information about our guests, their families, and other employees/ volunteers as confidential information. I will ensure that private and confidential information is not inappropriately accessed, used or disclosed by me.

I understand that violation of privacy and confidentiality may include but are not limited to:

- accessing personal information or personal health information that I do not require for work/ volunteering/ internship purposes
- misusing or disclosing personal information or personal health information (verbally, through the computer system or in hard copy) without proper authorization
- altering personal information or personal health information of our guests and or other employees/ volunteers/ interns

I will only access and use private and confidential information as required by the duties of my position.

I understand and agree to abide by the conditions outlined in this agreement which will remain in force even if I cease to have an association with FHHM.

I understand that if any of these conditions are breached, I may be subject to disciplinary action that may include termination of employment/ volunteering/ internship.

I understand that I will not be allowed to work/ volunteer/ intern at FHHM until a signed and dated copy of this document has been received by the Director/ FHHM Leader.

_____ Name (print)	_____ Signature	_____ Date
_____ Name of Witness(print)	_____ Signature	_____ Date



Father's Heart Healing Ministries

P.O. Box 912 Arthur, ON NoG 1A0 519-848-3223 www.fhfm.org

STATEMENT OF FAITH

1. We believe that there is one God, eternally existent in three persons; Father, Son and Holy Spirit.
2. We believe the Bible to be the inspired, infallible and authoritative Word of God.
3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return to power and glory.
4. We believe that God is a loving Father who has made provision for salvation to every person on earth through the sacrifice of His Son, Jesus Christ.
5. We believe that eternal salvation of lost and sinful people is only by the grace of God through faith in the shed blood of Jesus Christ and that regeneration by the Holy Spirit is absolutely essential.
6. We believe in the present ministry of the Holy Spirit, that only by the indwelling of the Spirit can a Christian be enabled and empowered to live a godly life.
7. We believe in the resurrection of both the saved and the lost; they that are both resurrected either to eternal life in heaven or eternal damnation in hell.
8. We believe in the spiritual unity of the body of Christ as believers who acknowledge Jesus Christ as their spiritual head.

I, _____ agree with FHHM's statement of faith and I am willing to abide by all of the policies of FHHM.

Signature

Date

REQUEST FROM AGENCY TO POLICE STATION
REQUESTING A CPIC AND VSV CHECK

Date

To: Police Detachment Commander,

On behalf of Father's Heart Healing Ministries, we are requesting that a

Canadian Police Information Centre check (CPIC)

Vulnerable Sector Verification

be completed on _____.

The candidate has applied for a volunteer position with Father's Heart Healing Ministries (FHFM). In this role, the person applying will be placed in a position of trust with vulnerable persons.

The results of the CPIC check and Vulnerable Sector Verification will assist us in determining the individual's suitability for volunteer duties as they will have supervisory and/or working in direct contact in trust positions with vulnerable persons.

Thank you,

Maggie Baratto
FHFM National Director