

## VOLUNTEER 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: \_\_\_\_\_ Anniversary (optional): \_\_\_\_\_

Is your spouse your Emergency contact? \_\_\_\_\_ If not, please notify: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Church: \_\_\_\_\_ Phone #: \_\_\_\_\_

If Ordained/ Licensed Minister, Affiliation: \_\_\_\_\_ Ordained Date: \_\_\_\_\_

Commitment/ Availability to Healing Rooms: \_\_\_\_\_

What areas of Healing Rooms interest you as a volunteer? \_\_\_\_\_

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 volunteered before? \_\_\_\_\_ If yes, where? \_\_\_\_\_

For how long? \_\_\_\_\_ What did you do? \_\_\_\_\_

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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.)

1. \_\_\_\_\_  
Name Affiliation  
\_\_\_\_\_  
Address Phone

2. \_\_\_\_\_  
Name Affiliation  
\_\_\_\_\_  
Address Phone

3. \_\_\_\_\_  
Name Affiliation  
\_\_\_\_\_  
Address Phone

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Signature Date

## CONSENT & CONFIDENTIALITY AGREEMENT

**Name of Employee/ Volunteer:** \_\_\_\_\_

I, as a Healing Rooms team member, understand that this is not a counselling ministry and I do NOT do counselling of any kind. These are strictly prayer rooms and I rely upon the Holy Spirit to lead me how to pray. Therefore, 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 sheet.

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

If I am in a room where any of the above policies have been violated by a team member, I need to graciously correct the situation before the guest leaves the room. This is paramount.

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

- Therefore, I do NOT discuss anyone's session outside of the prayer room.
- 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 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

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 the Healing Rooms Ministry.

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

I know that I will not be allowed to volunteer until a signed and dated copy of this document has been received by the Director.

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

Dear Pastor / Leader:

We at \_\_\_\_\_ (part of the **International Association of Healing Rooms**) 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 # \_\_\_\_\_  
Name City, Province

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

Has this person fellowshipped 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)**

**Intercessory prayer (Frontline Team Ministry)**

**Ministry Team / Trainee**

**Ministry Team Leader / Trainer**

Signed \_\_\_\_\_ Title \_\_\_\_\_

Affiliation (Church) \_\_\_\_\_

Dated \_\_\_/\_\_\_/\_\_\_ Phone # \_\_\_\_\_

If any questions call:

E-Mail:

Mail to Attention:

(Please attach additional sheet for comments)

## The Interview Process

Here are some suggestions for Interview questions, you can add or omit as needed. I learnt as I went along.

The interview should be comfortable and relaxed. Do whatever is needed to help people feel relaxed.

The purpose for the interview is:

1. To get to know people and discern where they are spiritually so that the Healing Rooms Ministry team is safe and they are a good fit at this time.
2. An opportunity to establish a relationship and to “see” the person after the spirit and to sense the anointing and gifts/ calling on that person - which God will show you. You will be a source of encouragement for the team members to move in their gifts etc.
3. So the team members will acknowledge your leadership as well as find you approachable and friendly Directors.
3. An opportunity for you to share briefly your heart for the Healing Centre vision etc. and clarify any expectations that you have to help foster a unified team. Unity and submission are priority.

I strongly suggest the interviews be conducted by the Directors. I caution you against having anyone else conducting interviews that have not been approved leadership or are not part of the directorship.

Sometimes you may have a check in your spirit during the interview and its ok to tell the person that you will call them in a week. This gives you a chance to talk with the other person who is helping you and to pray about whatever the Lord is showing you. Sometimes it may not be the right timing or there are concerns and that person needs further ministry to deal with issues in their life etc. You are stewarding a powerful ministry and are entrusted to keep it safe.

It's good to keep a file on each team member. You will also need to have each one read aloud and sign the confidentiality form prior to starting.

When someone new starts after the team is established I usually make a big deal of it and anoint them with the rest of the team around them and welcome them as part of the team.