

## † **Healing Prayer Ministry *Interest Form***

Prayer ministers are members of Friendswood United Methodist Church who are called, equipped and commissioned to serve in the Healing Prayer Ministry.

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### **CONFIDENTIAL**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

**1. Describe why you are interested in becoming a Healing Prayer Minister.**

**2. What spiritual gifts or strengths do you believe God has given you that would help you serve effectively as a Healing Prayer Minister?**

**3. In what ways do you think you would benefit personally from your training and service as a Healing Prayer Minister?**

**4. Are you willing to commit to serve faithfully for a period of no less than two years? This includes:**

† Completing Initial Twelve Session Equipping

† Faithful attendance at monthly gatherings for continued growth and team building.

[ ] Yes [ ] No

**What changes would you need to make in your life in order to fulfill this commitment?**

**5. Describe briefly your relationship with Jesus Christ.**

**6. Are there recent or ongoing events in your life that could be perceived as a hindrance in your ability to effectively serve in this ministry?**

Yes                       No

*If yes, someone from the Healing Prayer Ministry Leader Team will speak with you about this so that the team may better understand its significance in your life and ministry.*

**7. Previous Training and Experience:**

What kind of experience have you had with healing prayer ministry? (include training, teaching, receiving prayer, witnessing prayer, ministering prayer):

As a recipient (where, when, number of sessions):

As a prayer minister: (where, when)

What roles have you held on a prayer team: \_\_\_\_\_Point Person    \_\_\_\_\_Team Member    \_\_\_\_\_Intercessor

What age groups have you worked with? \_\_\_\_\_adults    \_\_\_\_\_children    \_\_\_\_\_teens

What age group do you feel the most comfortable working with?

**Please read and sign below.**

The information I have provided in this application is true and complete to the best of my knowledge. I agree to participate in Healing Prayer Ministry initial equipping and in monthly team gatherings, and to function within the boundaries and guidelines of Friendswood Methodist Healing Prayer Ministry. I will give permission for the church to conduct a background check on me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

***Please return completed form to the Pastor of Congregational Care.***