

## MISSIONARY STAFF APPLICATION

### PERSONAL INFORMATION

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Street Address:	<input type="text"/>		
City:	<input type="text"/>	Province:	<input type="text"/>
Zip Code:	<input type="text"/>	Country:	<input type="text"/>
Email:	<input type="text"/>		
Cell Phone:	<input type="text"/>	Home Phone:	<input type="text"/>
Birth Date:	<input type="text"/>	Gender:	<input type="text"/>
Marital Status:	<input type="text"/>	Marriage Date:	<input type="text"/>
Spouse's Name:	<input type="text"/>	Birthdate:	<input type="text"/>

### EMERGENCY CONTACT INFO

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Street Address:	<input type="text"/>		
City:	<input type="text"/>	Province:	<input type="text"/>
Zip Code:	<input type="text"/>	Country:	<input type="text"/>
Phone No:	<input type="text"/>	Relation to you:	<input type="text"/>

### CHURCH AND MINISTRY BACKGROUND

Current Church:	<input type="text"/>	Pastors Name:	<input type="text"/>
Denomination:	<input type="text"/>		
Is your leadership in agreement with your plans to join QHOP?	<input type="text"/>		
How long have you been attending your church?	<input type="text"/>		

Have you had any involvement with the ministries at your church? Specify:

Have you ever been removed from a position of ministry by your leader? Specify:

### Training Experience

What is your highest level of formal education? (diploma, degree, etc):

Have you taken and specific ministry training courses (please include any SOZO or Inner Healing Courses taken)? List below:

Year	Course/School	Instructor	Description of studies
<div style="border: 1px solid black; width: 60px; height: 25px;"></div>	<div style="border: 1px solid black; width: 310px; height: 25px;"></div>	<div style="border: 1px solid black; width: 140px; height: 25px;"></div>	<div style="border: 1px solid black; width: 310px; height: 25px;"></div>
<div style="border: 1px solid black; width: 60px; height: 25px;"></div>	<div style="border: 1px solid black; width: 310px; height: 25px;"></div>	<div style="border: 1px solid black; width: 140px; height: 25px;"></div>	<div style="border: 1px solid black; width: 310px; height: 25px;"></div>
<div style="border: 1px solid black; width: 60px; height: 25px;"></div>	<div style="border: 1px solid black; width: 310px; height: 25px;"></div>	<div style="border: 1px solid black; width: 140px; height: 25px;"></div>	<div style="border: 1px solid black; width: 310px; height: 25px;"></div>
<div style="border: 1px solid black; width: 60px; height: 25px;"></div>	<div style="border: 1px solid black; width: 310px; height: 25px;"></div>	<div style="border: 1px solid black; width: 140px; height: 25px;"></div>	<div style="border: 1px solid black; width: 310px; height: 25px;"></div>

Do you have any ministry experience?

What is your experience in a House of Prayer?



45 Queen Street  
Sherbrooke, Quebec, J1M 1J2  
819 791-1840 / info@qhop.ca  
www.qhop.ca

## PERSONAL TESTIMONY

Please write out your testimony (including your salvation experience, baptism of the Holy Spirit, etc. *(Use back side for more room)*)

What is your present relationship with the Lord (including prayer and devotional life)?

Why do you wish to be part of the QHOP Missionary Staff?

## PERSONAL HEALTH

Please describe any health problems of which you feel we need to be aware of:

Do any of these require the use of regular medication? Please specify:

Have you had, or are you now receiving assistance for emotional, mental, or chronic physical difficulties? Please specify:

Have you participated in any of the following within the last 6 months? Check best answer:

	None		Occasionally		Regularly		Often		Every Day	
	1	2	3	4	5	6	7	8	9	10
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illegal Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pornography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occult Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Briefly describe your view on the use of any of the above:

Do you currently have an accountability partner?

How often do you speak with them?

**Thank You!**