APPLICATION

Personal Form



Thank you for filling in this form and sending it back to info@qhop.ca - this form will be treated in discretion. Thanks for filling it in with integrity.

DATE OF APPLICATION

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PERSONAL INFORMATION

Full Name :		
Street Address:	City:	
Province:	Zip Code:	
Country:	E-mail:	
Gender : Male Female	Date of Birth :	
Home Phone:	Cell phone:	
Marriage Status:	Marriage Date:	
Spouse's Name:	Birthdate:	

EMERGENCY CONTACT INFO

Full Name 1:	Relation To You:
Street Address:	City:
Province:	Zip Code:
Country:	Phone Number:
E-mail	
Full Name 2:	Relation To You:
Street Address:	City:
Province:	Zip Code:
Country:	Phone Number:
E-mail	

APPLICATION

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CHURCH AND MINISTRY BACKGROUND

Current Church:	Pastor's Name:
Denomination:	
Current involvement:	

Is your leadership in agreement with your plans to join QHOP?

How long have you been attending your church?

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.

PERSONAL INFORMATION

Highest level of formal education (diploma, degree, etc.):

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

Year	Course/School	Instructor	Description of studies

APPLICATION

Do you have any ministry experience?

Have you had any previous experience in a House of Prayer?

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

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

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	00	casionally	/	Re	gularly	O	ften	Ever	y Day
	1	2	3	4	5	6	7	8	9	10
Alcohol										
Tobacco										
Illegal Drugs										
Pornography										
Occult Activities										

APPLICATION

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

Do you currently have an accountability partner or mentor?

How often do you speak with them?

What are some of your strenghts and weaknesses (give 3 of each at least)

Why do you feel like joining Quebec House of Prayer?

Anything else you would like to add?

Thank you so much! We will get in touch with you. Blessings!