



# 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

/   /

## PERSONAL INFORMATION

Full 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"/>	E-mail:	<input type="text"/>
Gender :	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth : <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Home Phone:	<input type="text"/>	Cell phone:	<input type="text"/>
Marriage Status:	<input type="text"/>	Marriage Date:	<input type="text"/>
Spouse's Name:	<input type="text"/>	Birthdate:	<input type="text"/>

## EMERGENCY CONTACT INFO

Full Name 1:	<input type="text"/>	Relation To You:	<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 Number:	<input type="text"/>
E-mail	<input type="text"/>		
Full Name 2:	<input type="text"/>	Relation To You:	<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 Number:	<input type="text"/>
E-mail	<input type="text"/>		



## 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

# QUEBEC HOUSE OF PRAYER

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))



# QUEBEC HOUSE OF PRAYER

## 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!