



Healing Pools Ministry Team Application

We are excited that you desire to be a part of the Healing Pools Ministry of Freedom Christian Center. It is an awesome thing that God would choose to partner with us to see His Kingdom (RULE) established in the earth.

We trust that you will be as blessed by these ministry times, along with the individuals being ministered to. We recognize any ministry requires commitment and sacrifice. Thank you for being willing to step out into the arena of faith, and give of yourself so that others can profit, both physically and spiritually, and so that the knowledge of the glory of the Lord can greater fill the earth.

Sincerely,

The Healing Pools Ministry Team Leaders
Bruce & Darla Paddon
Cell: 321-750-9003 (B), 321-591-0686 (D)

GENERAL INFORMATION:

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Preferred method of contact: Text Email Telephone

I am: Single Engaged Married Widowed Separated Divorced

DECLARATION OF INTEREST AND AVAILABILITY:

There are four basic areas in which you can be involved in the Healing Pools Ministry. Select all that apply of the following areas listed. You can also prioritize your interest by marking them 1-4, if you prefer.

Administrative

Immersion Prayer for the sick. During regular Freedom Christian Center services:

My preferred service time: Sunday Mornings Wednesday Evenings Monday Evenings

Healing Room(s) at FCC (The exact time frame to be announced.)

Home/Hospital Visiting Teams - see next page for availability information

Freedom Christian Center

7250 Lake Andrew Drive | Melbourne, FL 32940 | 321.622.6999 | www.houseoffreedom.org

Page 1 of 4 • (Rev. 170531)

Home/Hospital Visiting Teams - Continued (Schedule will vary based on needs.) *Please check the times you might be available and locations you can visit. Checking them will not commit you to that time or location, but allows the leader to pull together an available team.*

	TIME AVAILABILITY - Check all that apply		
Monday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Tuesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Wednesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Thursday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Friday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Saturday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Sunday		<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening

MY PREFERRED VISITATION LOCATION:
Check all that apply

- HRMC
- Palm Bay
- Wuesthoff - Melb
- Wuesthoff - Rockledge
- Viera

My foreseen commitment of participation in this ministry is:

- Less than three months
- 3-6 months
- 6-12 months
- Until Jesus comes

PREREQUISITES:

By submitting this application, you are affirming that you have completed the following prerequisites for participating on one or more of the teams:

- My spouse and/or my family are in agreement with me ministering as a part of the Healing Pools Ministry of FCC.
- I have completed reading the book, **Christ the Healer**, by F. S. Bosworth, and have written and submitted a one-page summary of the book.
- I have written and submitted a one-page report on "How do I know that it is God's will to heal all?" Please include this report with the application if it has not previously been submitted.
- I have memorized at least five healing scriptures to help me when I minister to the sick. On the following page, **Please list the verses and the version you memorized from.** Then, write the verse out by memory. Our goal is word for word; but if you stumble over a few words and the paraphrase is accurate, that's ok. [Suggestions: Psalm 103:2-4; Isaiah 53:5; Matthew 8:16-17, 14:14; Mark 1:41, 11:24-25, 16:17-18; John 14:12-14; Romans 10:17; Hebrews 4:16; James 5:14-15; 1 Peter 2:24.]

Memorized Verses:

1. _____ Version _____

2. _____ Version _____

3. _____ Version _____

4. _____ Version _____

5. _____ Version _____

Requirements for participating on a healing team include regular study/memorization of the Word, prayer, fasting, and church attendance. Please give a brief summary of your commitment to each. _

(If more space is needed, please use the back of this form)

Please check any Training or Healing Ministry you have been involved with:

- Attendance at FCC Healing team meetings
- Attendance at the Healing Ministry Seminar
- Other: *(Please specify)* _____

CONFIDENTIALITY POLICY and STATEMENT OF COMPLIANCE

All ministry through the Healing Pools Ministry should be done on a confidential basis. There will be times when sharing the individual’s needs with others will be for their benefit. However, do not assume that they would value prayer groups praying for them above their personal need for privacy.

If an individual does not sign a release for disclosure of their medical information, we are legally bound to honor this. Before you will be allowed to minister on one of the healing teams, you must submit your signature of agreement to this policy.

By my signature below, I agree to abide by the above-stated confidentiality policy. Unless specific written permission is given, I will not speak to anyone about the needs of the individuals or families I am privileged to minister to.

Signature: _____ Date: _____

Print Name: _____