

ST. LOUIS HEALING ROOMS

HEALING ROOM TRAINING

ST. LOUIS HEALING ROOMS

SPONSERED BY
JOAN GIESON, MINISTRIES OF LOVE

We have the privilege of having the healing room team in St. Louis to train our new group. We will have Manuals for your learning as well as other materials and a book for us to purchase At the end of the training we will graduate and receive a certificate of completion.

They will take us thru hands on training and be there every step of the way We are also so very excited to being a part of what our God is calling us to do in these most important times.

NEW TRAINING CLASS TO BE ANNOUCED
TRAINING 7;00P.M.
TRAINING 7;00P.M.

PLACE;12567 Natural Bridge rd Bridgeton,Mo
REGRISTRATION FEE \$100.00
INCLUDES TRAINING MANUAL MADE JUST FOR US AND TRAINING BOOKS

MAKE CHECKS TO MINISTRIES OF LOVE
FOOT NOTE ST. LOUIS HEALING ROOMS TRAINING

FOR MORE INFORMATION CALL-----314-381-7323 OR 314-298-7771

FULL NAME _____

ADDRESS _____

NAME OF CHURCH _____

DAN; 11-32 The people who know their God, shall be strong and carry out great exploits.

John 16:7 The promise of the Holy Spirit is explicitly given by Jesus. “if I depart, I will send him unto you.

Rev: 3-13 He that hath an ear let him hear what the Spirit saith unto the church.

Pastor Recommendation For St. Louis Healing Room Participation

Dear Pastor,

The church member giving you this form has asked to serve in the soon to be opened St. Louis Healing Rooms, which will be a Non-Denominational, Inner-Church program that is free of cost to all participants. The Healing Room Ministry will be striving to make this outreach possible by blending Christians from many local churches. This means we may not personally know each person applying to serve with us. For that reason, we require that each person applying to serve in the Healing Rooms return a completed "Pastor's Recommendation" form to us so that we will be best equipped to assign applicants to healing teams. Please return this form to the student in a sealed envelope [and they will return it to the instructor].

Thank you for your cooperation,
Joan Gieson, Director

One - Pastor Information

Pastor's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Two - Applicant Information

Applicant's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Three - Applicant Evaluation

A) How long have you known the applicant? _____

How well do you know the applicant? By face/name Casually Fairly Well Very Well

To your knowledge, has the applicant had a Salvation experience? YES NO

Is the applicant active in your church? YES NO



APPLICATION TO BE TRAINED FOR THE ST. LOUIS HEALING ROOMS

Name: _____ Date: _____

Phone: () _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Your Church: _____ City: _____ State: _____

Have you had any prior healing training or experience? If so, please describe: _____

Why did you decide to take this class? _____

How did you hear about this training? _____

Comments: _____

Please fill out and bring this form to the Registration Table along with the class materials fee of **\$ 100.00** per person. When attending class, please bring your Bible, a notebook and a teachable spirit. Also, please be on time for every session. Thank You! If you have any questions or need additional applications, please contact Joan Gieson at **314-298-7771**

B) Evaluate applicant using these keys:

E=Excellent	G=Good	P= Poor	U=Unknown
	Responsible		
	Follows Instruction		
	Servanthood		
	Mature		
	Leadership Ability		
	Dependability		
	Spiritual Influence		
	Other:		
	Other:		

C) Evaluate applicant using these keys:

O=Often	S=Sometimes	R=Rarely	N=Never
	Critical		
	Depressed		
	Argumentative		
	Domineering		
	Other:		
	Other:		
	Other:		
	Other:		
	Other:		

Four - Further Comments

Five - Pastor Recommendation

Based on my knowledge, this applicant is: {only check one}

<input type="checkbox"/> Highly Recommended	<input type="checkbox"/> Recommended with Reservation
<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended at this Time

Pastor's Signature: _____ Date: _____

St.Louis Healing Rooms

Categories that I would like to be considered for.

Name _____

Address _____

City _____ State _____ Zip _____

Phone# _____ - _____

Hours per Day _____ Days per week _____ days I can serve _____

Mon.

Tue.

Wed.

Thur.

Fri.

Categories	Check	✓	✓	✓	✓	✓
Receptionist						
Charting of visitors <i>Keeping charts on each person</i>						
Marketing <i>Contacting churches and Business</i>						
PR for support groups						
Fund Raising						
Intercessors <i>Praying</i>						
Media contacting <i>Contacting newspapers, radio and TV</i>						
Newsletter and mailing <i>* Making up mailings and newsletter</i>						
Book keeping						
Social director						
Clean-up <i>Office, rest rooms. Etc</i>						
Book store- <i>Promote books/attending store duties</i>						
Anointing oil maker and Potpourri <i>Assemble/bottle products</i>						
*Misc. <i>Partner letters/books and video info.</i>						

Comments: