

HEALING ROOMS OF GRAND RAPIDS

Team Information Sheet

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Phone: Home: _____ Work: _____ Cell: _____

Emergency Contact: _____ **Phone:** _____

Male _____ **or Female** _____ **Single** _____ **or Married** _____ **Spouse:** _____
(Spouse's Name)

Date of Birth: _____ **Anniversary Date:** _____
Month/Day/Year Month/Day/Year

Born Again: _____ **Baptized in Holy Spirit:** _____
Year Year

Home Church: _____ **Phone:** _____
(Name)

If Ordained / Licensed Minister, Affiliation _____
Address: _____ **Phone** _____
(Street) (City) (State) (Zip)
Licensed Date: _____ **Ordained Date:** _____ **Last Renewal Date:** _____
Special Training and/or experience: _____

Commitment/Availability: Tuesday Wednesday Thursday Friday Saturday
(circle dates and times) AM/PM AM/PM AM/PM AM/PM AM/PM

Personal Skills & or Talents (i.e., singer, musician, computer programer, carpenter etc...)

Below filled out by Healing Rooms

Training Seminar Dates _____ **Pastoral Letter Received Date** _____ **Interview**
Date _____ **Interviewed by** _____ **&** _____ **Orientation Date** _____

Training Steps /Advance Dates

1st Monitor Date (Orange) _____ **1st Team Support Date (Yellow)** _____
1st Team Lead Date (Green) _____ **1st Ministry Team (Released)** _____

Comments / Follow up: _____
