



Director's Questionnaire

Name: _____

Address: _____

E-Mail: _____ Phone: _____

- 1.) How long have you been a Christian?
- 2.) Are you baptized in the Holy Spirit with the evidence of speaking in tongues?
- 3.) Are you married?
- 4.) Does your spouse understand and support your call to the ministry?
(If you and your spouse will be directors in Healing Rooms, please be sure each of you completes a questionnaire.)
- 5.) What is your current involvement in your church?

- 6.) Are you involved in a ministry? If so, please give the name of that ministry.

- 7.) Please list any society, lodge, or organization you belong to.

- 8.) Who besides God are you accountable to?

- 9.) Do you have leadership experience? If so, please describe the position held and list your responsibilities.

- 10.) Why do you desire to be a director of a Healing Room?

- 11.) How and where did you receive Healing Rooms training?

- 12.) To your knowledge, is there anyone opposed to you being the director?
If so, please explain.

- 13.) Do you plan to include people from other churches on your ministry team?
Why or why not?

I agree to follow the model and guidelines for our healing rooms as stated in the booklet, "*How to Start Healing Rooms.*" I will strive for unity in relationships within my city, IAHR, and all others involved in Healing Rooms Ministries.

Signature _____ Date _____