



Ministry Team or Ministry Intern Application

Please answer all questions. If a question does not apply to you, write N/A.

Name: _____ Nickname: _____
(Exactly as it appears on your drivers license or passport)

Street _____ Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home: (_____) _____ Fax: (_____) _____

Cell: (_____) _____ E-mail Address: _____

Passport Number: _____ Expiration Date: _____

Are you a US Citizen? Yes No If no, country citizenship? _____

Emergency Contact Name: _____

Relationship: _____ Phone Number: (_____) _____

PERSONAL

Gender: Male Female Date of Birth: ___/___/___ Age: _____ Birthplace: _____

Marital Status: Single Married Separated Divorced Widowed

If separated, divorced, or widowed when did this occur? _____

Name of spouse, if married: _____ Birth date: _____ Age: _____

Anniversary Date: _____

Do you have the support of your spouse to receive training from Oil of Heaven Ministries? Yes No

If no, briefly explain:

Children: (names and ages) _____

SPIRITUAL

Are you baptized? Yes No If yes, according to the rites of which Christian church? Please provide date and location/parish church if you know it. _____

Are you confirmed? Yes No If yes, according to the rites of which Christian church? Please provide date and location/parish church/confirming bishop if known. _____

For you, when did the Christian faith “come alive”? In other words, when did God become “real” to you?

Have you had an Acts 2:4 experience? Yes No Unsure

Home Church/Denomination: _____

Pastor’s Name: _____ Phone: (_____) _____

Do you attend church regularly? Yes No How long have you been attending there? _____

Do you tithe? Yes No

Have you recently left another church? Yes No If Yes, please provide name and contact information for the pastor. _____

If yes, was it a good parting or were there unresolved issues? Please provide the circumstances surrounding your leaving. _____

In what areas of church life are you currently serving or have served in the past? _____

Do you, or have you ever, held ministerial credentials? If so, when, with who, and what kind? _____

What do you believe are your spiritual gifting(s)? _____

Are you willing to submit to being monitored and lovingly corrected if necessary? Yes No

Are you willing to minister consistent with Oil of Heaven Ministry guidelines? Yes No

HEALTH

Do you have a physical disability? Yes No If Yes, please describe _____

Have you ever received a diagnosis of any serious disease or cancer? If so, please describe _____

Have you ever been treated, or been recommended to receive treatment, for any mental or emotional condition?

Yes No If Yes, please describe _____

Please list any medications you are currently taking and for what purpose: _____

Please list any allergies to food, medicine, etc. _____

Medical Insurance Provider: _____ Policy#: _____

Phone (_____) _____ (Other than a toll free number, if possible)

How would you describe your temperament? _____

EDUCATION/ SKILLS / MINISTRY TRAINING EXPERIENCE

High School: _____ Graduated? Yes No Date Graduated/GED: _____

College: _____ Graduated? Yes No Date Graduated: _____

College year completed? 1 2 3 4 Major: _____

Graduate studies: _____

Have you received any ministry training in the area of healing? Yes No If Yes, please describe: _____

Have you received any other Christian Ministry Training? Yes No If Yes, please describe: _____

Are you fluent in any languages other than English? Yes No If Yes, name language(s) _____

Do you have any musical ability: _____

HISTORY

Answering yes to the following questions will not automatically disqualify the applicant from acceptance.

Have you used illegal drugs in the last 3 years? Yes No

If yes, please explain: _____

Have you ever been involved in sexual immorality (homosexuality, adultery, pornography, etc?) Yes No

If yes, briefly explain the nature of involvement and how long it has been since you were last involved?

Have you ever been involved in pre-marital sex? Yes No If yes, how long since you were last involved? _____

Have you ever been arrested or convicted? Yes No If yes, when? _____

Please give a brief explanation: _____

Have you ever been involved in the occult, witchcraft or cults? Yes No If yes, please give a brief explanation:

EMPLOYMENT

Occupation: _____ Present employer: _____

Phone: (_____) _____

May we contact your employer if necessary: Yes No

FINANCES

How do you plan to pay for your internship expenses? _____

Will you need assistance in raising support for assistance? Yes No

How did you hear about Oil of Heaven Ministries intern program? _____

Additional Comments / Remarks: _____

AGREEMENT

I understand that any falsification of information on this application is grounds for dismissal at anytime.

I, _____, declare that the information provided by me on this application is true and correct to the best of my knowledge. I authorize Oil of Heaven Ministries to verify any and all information provided above.

Applicant's Signature: _____ Date: ____/____/____

ALONG WITH THIS APPLICATION, PLEASE INCLUDE THE \$50.00 APPLICATION FEE MADE PAYABLE TO: Good Shepherd Lutheran Church (Oil of Heaven Ministries Internship Program).

**Please return to:
Oil of Heaven Ministries
c/o Good Shepherd Lutheran Church
4116 Pasadena Blvd.
Pasadena, TX 77503**

Oil of Heaven Ministries
c/o Good Shepherd Lutheran Church
4116 Pasadena Blvd.
Pasadena, TX 77503



Authorization to Conduct Background Check
(Please Read Carefully Before Completing and Signing)

I, _____, hereby authorize Oil of Heaven Ministries and/or its agents to make an independent investigation of my adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or other information which may be material to my qualifications for service now, and during the tenure of my volunteer service with Oil of Heaven Ministries. I understand that I have the right to request a copy of the contracted report.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge.

Full Printed Legal Name

Full Legal Signature and Date

Date: _____

Last Name First Name Middle Initial

Social Security Number Driver's Lic. # and state where issued

Maiden and/or Other Last Names Used

Current Address City and County State and Zip Code

Date of Birth Male / Female
Circle One

List all states of residence since turning age 18: _____

Have you ever been convicted of a crime (other than traffic offenses)? Yes ___ No ___
If yes, please explain charges and use additional paper if necessary: _____

In what state and year did these convictions occur? _____

As of the date of this authorization, do you have any pending criminal charges against you?
Yes ___ No ___

Briefly explain why you want to train and work with Oil of Heaven Ministries.

Do you feel called to a particular aspect of ministry?

Please return this to:

Oil of Heaven Ministries
c/o Good Shepherd Lutheran Church
4116 Pasadena Blvd.
Pasadena, TX 77503
281 479 1091
281 479 1134 (FAX)
steve@oilofheaven.org



LIABILITY RELEASE FORM

I, _____, in consideration of my being accepted by Oil of Heaven Ministries intern program, I hereby acknowledge that Oil of Heaven and Good Shepherd Lutheran Church, Pasadena, Texas does not accept any responsibility for injury, illness or loss suffered by me, and that I will be responsible for all medical or personal expenses in connection with or made necessary by my illness or injury during my course of any involvement with Oil of Heaven Ministries. I further acknowledge that Oil of Heaven Ministries has recommended that I carry or obtain primary medical insurance to cover possible additional medical needs, especially related to previously existing medical conditions.

Print Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Signature: _____

Date: _____

Oil of Heaven Ministries
c/o Good Shepherd Lutheran Church
4116 Pasadena Blvd.
Pasadena, TX 77503
281 479 1091
281 479 1134 (FAX)
steve@oilofheaven.org



DISCIPLINE POLICY

The goal of Oil of Heaven Ministries training program is to create a safe, healthy environment, in which every student can grow and prosper. We recognize that our students

must be in correct relationship with God and with others, in order to ensure completion of our mission objectives. The consequences of one's sin or disobedience have the potential to bring confusion and destruction in Oil of Heaven Ministries. It is the intent of Oil of Heaven Ministries to follow the biblical patterns of discipline within the confines of all activities. If any individual is involved in any sin that can not, at the discretion of the leadership, be taken care of in a timely manner or would affect the ministry in an adverse way, Oil of Heaven leadership reserves the right to give correction, public rebuke and/or dismissal.

I agree to follow the directions and decisions made by Oil of Heaven Leadership.

Signature: _____ Date: _____

MEDIA RELEASE

Oil of Heaven Ministries will take photographs and video footage from time to time for advertising, promotional materials, web page, and publications. In signing below, you fully authorize Oil of Heaven Ministries to use video or photographs taken of you in any or all of the above mentioned materials.

I authorize Oil of Heaven Ministries to use any photographs or video footage taken of myself in any and all publications mentioned above.

Signature: _____ Date: _____



PERSONAL RECOMMENDATION

I, _____, wish to be considered for selection as an **INTERN** with **OIL OF HEAVEN MINISTRIES**.

I give my full consent to _____, to complete this **PERSONAL RECOMMENDATION** and release it to **OIL OF HEAVEN MINISTRIES**.

Applicant's Signature _____ DATE ____/____/____

To the Person completing this Recommendation:
We appreciate your help in this matter and will keep any information you supply in confidence. Please return this form DIRECTLY TO OUR OFFICE upon completion.

How long have you been acquainted with the applicant? _____ In what capacity? _____

Are you aware of the area(s) of church life has the applicant has served and/or is currently serving? If so, please explain:

Evaluation of Applicant's Emotional & Spiritual Maturity: Please rate this applicant by checking a block under each of the following categories:

<p>PHYSICAL CONDITION</p> <ul style="list-style-type: none"> <input type="checkbox"/> Frequently incapacitated <input type="checkbox"/> Somewhat below par <input type="checkbox"/> Fairly healthy <input type="checkbox"/> Good health <p>EMOTIONAL RESILIENCE <i>(In trying situations)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Gets angry; impulsive <input type="checkbox"/> Withdrawn <input type="checkbox"/> Gets discouraged easily <input type="checkbox"/> Meets constructively <p>ACHIEVEMENT <i>(Ability to formulate, execute & carry plans to conclusion)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Starts but doesn't finish <input type="checkbox"/> Does only what is assigned <input type="checkbox"/> Meets average expectations <input type="checkbox"/> Superior creative ability 	<p>SOCIAL INTERACTION</p> <ul style="list-style-type: none"> <input type="checkbox"/> Avoided by others <input type="checkbox"/> Tolerated by others <input type="checkbox"/> Liked by others <input type="checkbox"/> Well-liked by others <p>WILLINGNESS TO SERVE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reluctant to serve <input type="checkbox"/> Motives confused <input type="checkbox"/> Usually willing to serve <input type="checkbox"/> Eager to serve as needed <p>LEADERSHIP <i>(Ability to inspire others & maintain their confidence)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Typically not a leader <input type="checkbox"/> Tries but lacks ability <input type="checkbox"/> Has leadership potential <input type="checkbox"/> Proven Leader 	<p>TEAMWORK</p> <ul style="list-style-type: none"> <input type="checkbox"/> Frequently causes friction <input type="checkbox"/> Insists on having own way <input type="checkbox"/> Usually cooperative <input type="checkbox"/> Works well with others <input type="checkbox"/> Energized by teamwork <p>INTELLIGENCE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Learns and thinks slowly <input type="checkbox"/> Average mental ability <input type="checkbox"/> Alert; has a good mind <input type="checkbox"/> Brilliant, exceptional <p>CHRISTIAN EXPERIENCE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Relatively superficial <input type="checkbox"/> Over-emotional <input type="checkbox"/> Genuine but mild <input type="checkbox"/> Rich and growing 	<p>RESPONSIVENESS <i>(To the feelings and needs of others)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Slow to sense how others feel <input type="checkbox"/> Reasonably responsive <input type="checkbox"/> Understanding & thoughtful <input type="checkbox"/> Extremely responsive <p>PRAYER MINISTRY <i>(Praying for inner and physical healing)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Has had much experience and expertise <input type="checkbox"/> Has some training and experience <input type="checkbox"/> Has not been trained and is very new at this
---	---	---	---

Evaluation of applicant's skills, training, profession, or trade. (Please answer only if you have first hand info)

___ Incompetent ___ Doubtful ___ Adequate ___ Superior in competence

In what other skills or areas are he/she well qualified?

Listed below are some of the tendencies which, if present, may reduce the effectiveness of the applicant.

Please Circle any words or descriptions which pertain to applicant:

Impatient	Argumentative	Domineering	Cocky
Easily offended	Critical of others	Anxious	Easily embarrassed
Easily discouraged	Frequently worried	Nervous or tense	Given to moods
Intolerant	Lacking in humor	Can't take a joke	Self-absorbed
Erratic in attitudes	Racially Prejudiced	Unable to cope with stress	

If the applicant seems relatively free from all such tendencies, check here .

Please comment briefly on the family and social background of the applicant.

Is the applicant financially responsible? Yes No

Please describe any physical limitations the applicant may have.

Please use a separate sheet of paper (or on back) to elaborate if the answer is "yes" to any of the following questions:

- a) Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character?
- b) As far as you know, has the applicant ever been arrested for any offense other than minor traffic violations?
- c) To your knowledge, has the applicant ever been involved in drug abuse, homosexuality, or the occult?
- d) Has the applicant received or been recommended to receive psychiatric treatment?
- e) Are you aware of any unresolved problems in their life? (ex: unrepentance, anger, unforgiveness)

If the answers to a), b), c) d), and e) above are all "no", please check here .

What is your overall evaluation of the applicant's promise as an Oil of Heaven Ministries intern?

- _____ He/she is definitely unsuited
- _____ At this time I feel he/she is not suited
- _____ He/she is a good prospect, but I do have reservations
- _____ He/she is an average prospect
- _____ He/she is an above average prospect
- _____ He/she is an unusually exceptional prospect

Reference Name Signature: _____ Date: _____

Phone: (_____) _____

Please return this to:

Oil of Heaven Ministries
c/o Good Shepherd Lutheran Church
4116 Pasadena Blvd.
Pasadena, TX 77503
281 479 1091
281 479 1134 (FAX)
steve@oilofheaven.org