

HEALING ON THE STREETS GLOUCESTER
<http://www.healingglos.org.uk>

Volunteer Application Form

FORENAMES.....
SURNAME.....
ADDRESS.....
.....
PHONE.....E-MAIL.....
DATE OF BIRTH.....
CHURCH ATTENDED.....
TIME YOU HAVE ATTENDED THE CHURCH (MONTHS/YEARS) .

We ask that you are a practising Christian who has been regularly attending church for at least six months and are actively involved in the life of the church. To this end we require a recommendation from your church leader to confirm this before training.

Name and contact details of church leader or other suitable person to be approached for a recommendation:

Name.....

Address.....

If the person giving your recommendation is not your church leader, please explain why.....
.....
.....

State here any other information you consider relevant to your application, e.g. previous training or experience:
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.....
.....

Your Signature.....

Date

Please Note: All volunteers will need to undertake appropriate HOTS training before praying on the streets.