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# BridgeWay Church Healing Rooms

5201 E. Warren Ave  
Denver, CO 80222  
(303) 695-8400

## Team Application

Approved by \_\_\_\_\_

Approval date \_\_\_\_\_

Team # \_\_\_\_\_

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Age \_\_\_\_\_ Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed

Spouse's Name (If Married): \_\_\_\_\_

Have you completed the most current BridgeWay Healing Rooms Training? \_\_\_ Yes \_\_\_ No

Other healing ministry training you have received? \_\_\_\_\_

Are you currently on the Ministry Team at BridgeWay Church? \_\_\_ Yes \_\_\_ No

### Have you completed:

*BridgeWay Discovery* \_\_\_ Yes \_\_\_ No If yes, when? \_\_\_\_\_

*BridgeWay Foundations* \_\_\_ Yes \_\_\_ No If yes, when? \_\_\_\_\_

*Kingdom Ministry Training* \_\_\_ Yes \_\_\_ No If yes, when? \_\_\_\_\_

Have you been water baptized? \_\_\_ Yes \_\_\_ No If yes, when? \_\_\_\_\_

Have you been baptized in the Holy Spirit? \_\_\_ Yes \_\_\_ No Do you speak/pray in tongues? \_\_\_ Yes \_\_\_ No

In what areas of church life have you served, and in what areas are you currently serving?

Do you attend BridgeWay Church? \_\_\_ Yes \_\_\_ No If yes, for how long? \_\_\_\_\_

Do you tithe 10% or more of your income to your home church? \_\_\_ Yes \_\_\_ No

Current home church if not BridgeWay \_\_\_\_\_

City \_\_\_\_\_ State/Country \_\_\_\_\_ Phone \_\_\_\_\_

Name of pastoral staff that knows you (small group leader acceptable) and phone # if not the same as above  
\_\_\_\_\_ Phone \_\_\_\_\_

Who at BridgeWay Church knows you best and how? \_\_\_\_\_

Please explain why you want to be considered for ministering in the Healing Rooms \_\_\_\_\_

Please indicate the way(s) in which you would like to minister for the BridgeWay Healing Rooms

Healing Prayer     Intercession     Greeting/Host     Pastoral Care     Testimony Recorder  
 Dance     Worship     Sozo     Art     Revival Visitation Teams

Briefly share your experience with God \_\_\_\_\_

Have you been arrested?  Yes  No    If yes when? \_\_\_\_\_

Were you convicted?  Yes  No    If yes, when and where? \_\_\_\_\_

**If yes, please attach a brief explanation of your conviction.**

Do you have any habits/ addictions such as drinking, smoking, drugs, pornography etc.?  Yes  No

If yes, please explain \_\_\_\_\_

Are you, or have you been involved in the occult, witchcraft or a homosexual lifestyle?  Yes  No

If yes, please explain \_\_\_\_\_

Have you ever had a Sozo? (Transformation Center counseling)  Yes  No    If yes, when? \_\_\_\_\_

Do you feel that you need a Sozo at this time?  Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_