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## Prayer Team Application

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

1. Have you accepted Jesus Christ as your Lord and Savior? \_\_\_\_\_

2. Do you believe God hears and answers prayers? \_\_\_\_\_

3. Do you believe in healing prayer? \_\_\_\_\_

4. What church do you attend? \_\_\_\_\_

5. Have you had any prayer training? If yes, where and what type of training?

\_\_\_\_\_  
\_\_\_\_\_

6. Please explain why you would like to be a part of the Direct Line Prayer Team.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Are you willing to commit to volunteer on a regular basis? If so what is your availability for serving (day of week & hours).

\_\_\_\_\_  
\_\_\_\_\_

8. Share a testimony of how you have seen God work through the power of prayer.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

### **Additional Information:**

In addition to your application, please ask your pastor and one other person to fill out the reference forms attached with this application. The reference form may be mailed to: Direct Line Prayer Center 227 W. 9<sup>th</sup> St. Sioux Falls, SD 57104 or email to [directlinesd@gmail.com](mailto:directlinesd@gmail.com).