

Heal Winistries Ambassador Application

Please complete this application and attach via email to molli@heal-ministries.org

| Name: | | | |
|-------------------|--------|--------|--|
| Date of birth: | | | |
| Address: | | | |
| Email: | | | |
| Phone Number: | | | |
| Instagram handle: | | | |
| Gender: | ☐ Male | Female | |

After prayerful consideration, please answer the following questions:

How did you hear about Heal Ministries?

What do you hope to receive from this experience?

What are your gifts and strengths?

| Are you a Christian? If yes, please write a short receiving Christ. If no, please write a short par | | |
|---|---------------|--|
| Personal and/or Job References- please do not list relatives | | |
| ame: | Phone Number: | |
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| ame: | Phone Number: | |
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| ame: | Phone Number: | |
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As an ambassador, what values and ideas will you bring to Heal Ministries?