Dear Pastor / Leader,

The Northshore Healing Rooms is a Parachurch prayer ministry, and we are members of the International Association of Healing Rooms (www.healingrooms.com). The person identified at the back has expressed interest in joining our ministry team and has given you as a reference. We thank you for filling out the short survey on the back and adding any comments you think would be helpful for us. This letter will remain confidential.

While we seek to be inclusive, we are also aware that our ministry requires a high level of spiritual maturity. We have a multiple level training program for those who feel called to our ministry team. Still it is important that the person you are recommending stand on a solid foundation of faith and be free of serious character flaws and gross sin.

We encourage everyone on our team to be covered under the authority of a local church. And we pray that your local church benefits from the training and encouragement our ministry provides. In fact, it would be our delight to come train your altar team!

Again, thank you for taking the time to complete this recommendation.

May the Lord bless you and your ministries!

Linda Will

Director

206-858-2847

healingrooms.northshore@gmail.com

­­Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

-Does this person attend regularly at your church? YES/NO (Circle one)

-Has this person fellowshipped at your church long enough for you (or those you trust) to have developed some insight into their character? YES/NO (Circle one)

-Does this person have a healthy respect for authority? YES/NO (Circle one)

-Does this person have a healthy attitude toward the church? YES/NO (Circle one)

Have you, or would you, release this person to operate in one or more of the following areas in your church? (Circle all that apply.)

-Helps Ministry (Maintenance, Office, Hospitality, Greeting)

-Intercession (Minister, Support Only)

-Prayer Team (Leader, Trainer, Trainee)

Extra comments and/or recommendations:  
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Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Mail Directly To**: Northshore Healing Rooms

Attn: Pastors' Letters

PO Box 231

Bothell WA 98041-0231n the back sideort survey below you and your ministries!eir home churches.he word of healing and practice the wordss charact