

**Rochester Prayer Center**  
**(a ministry of *TEAM* Rochester)**  
**Volunteer Application**

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**It is the mission of the Rochester Prayer Center to  
uphold the entire city of Rochester in prayer in order that  
all may come to know and experience the love of the  
Lord, Jesus Christ.**

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Date \_\_\_\_\_ Birthday Month\_\_\_\_Day\_\_\_\_  
Name \_\_\_\_\_  
Address\_\_\_\_\_  
Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
e-mail \_\_\_\_\_

We'd appreciate knowing about your walk with God.

Church History

Church you are presently attending \_\_\_\_\_  
How long have you attended? \_\_\_\_\_ Member (X) \_\_\_\_yes \_\_\_\_no \_\_\_\_in process  
Pastor \_\_\_\_\_ Church phone # \_\_\_\_\_

Christian Experience

Current ministry or area of service \_\_\_\_\_  
\_\_\_\_\_

Past ministry or area of service \_\_\_\_\_  
\_\_\_\_\_

Describe your relationship with Jesus \_\_\_\_\_  
\_\_\_\_\_

Comment briefly on any prior training in prayer \_\_\_\_\_  
\_\_\_\_\_

Why do you want to participate in the Prayer Center? \_\_\_\_\_  
\_\_\_\_\_

Will your schedule allow you to participate for at least one hour per month for three consecutive months? Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_

## Prayer Center Schedule

The Prayer Center is available 24 hours a day. After church office hours access is by KEY-FOB issued upon acceptance of this application. Do you desire a KEY-FOB to be issued to you for access (X)?    \_\_\_ yes    \_\_\_ no

Indicate below one hour per month for three months that you would like to Pray at the Prayer Center. Example: 10:00-11:00 a.m., the second Tuesday of Oct, Nov, and Dec.

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Day												
Time												

### Rochester Prayer Center Guidelines:

- Respect others who are praying
- Respect the prayer room and church building
- Do not bring children younger than 10 years old
- Do not remove any materials from the Prayer Center unless specifically identified as handouts
- Arrive at the Prayer Center at least 5 minutes before your scheduled time

The information contained in this application is correct to the best of my knowledge. I authorize any church listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for the Rochester Prayer Center. I hereby release any individual, church, reference, or any other person or organization from any and all liability for damages which may at any time result to me or my family on account of compliance with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified in this application.

I have also read the Rochester Prayer Center Guidelines and agree to be bound by the Rochester Prayer Center Guidelines, and to refrain from unscriptural conduct while I am in Bethany Church and the Rochester Prayer Center.

Applicant's signature: \_\_\_\_\_

Mail completed application to: Dick Gillis  
 1032 Forest Hills Dr SW  
 Rochester, MN 55902