

Healing Stream Interest Form

Following are a few questions for you to carefully and prayerfully consider. Please write your responses and turn in to Pastor Laurie McHugh. All responses will be kept confidential.

Name:

Why do you want to participate in Healing Stream?

What would you use as the criteria to determine whether or not Healing Stream is successful?

Are there any members of Healing Stream you would feel uncomfortable serving with? (Y/N)

On a scale of 1 to 10 (10 being excellent) how would you rate your skill?

What do you consider to be some areas of your skill that you would like to improve?

How would you feel if, for logistical reasons, you had to sing or play from behind a curtain, where no one would see you or know that you were contributing?

How would you feel if Healing Stream grew to be extremely good, widely reknown and extremely effective musically and spiritually?

How would you feel if Healing Stream grew to be so good that you were no longer good enough to keep up?

If you were unknowingly doing something that caused others to be embarrassed for you (e.g. singing off pitch, singing or playing too loud, playing poorly, etc.) how would you prefer that it be handled?

What other areas of this church's ministry are you involved in?