



**Application for  
Christian Science Nurses Training  
(Non-U.S. Residents)**

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

Address \_\_\_\_\_

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

1. How long have you studied Christian Science?
2. Are you a member of The Mother Church? (Yes or no)  
What year were you admitted to membership?  
Please give us your membership number.
3. Are you a member of a Branch church or Society? (Yes or no)  
Name of Branch church/Society:  
What committees have you served on? What offices have you served in?
4. Are you free from the use of alcohol, drugs, and tobacco? \_\_\_\_\_
5. Have you had Christian Science Primary Class Instruction? \_\_\_\_\_  
What year did you take class?  
Name of your Teacher  
Do you attend your Association meeting annually?



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10. Please tell us why you are interested in Christian Science nursing.

11. Please give a description of what you think are the actual duties of a Christian Science nurse.

12. Please describe any nursing experience you have had which may help to prepare you for Christian Science nursing.

13. Please indicate your marital status. Single, married, separated, or divorced?

If married, please list the names and ages of any dependent children.

14. Where did you learn to speak English?

How long have you studied English?

Please tell us if your knowledge of English in the following areas is Excellent, Good, Fair, Poor

Reading \_\_\_\_\_ Writing \_\_\_\_\_  
Speaking \_\_\_\_\_

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**REFERENCES**

Please give the names and addresses of the following people who can comment on your character, your practice of Christian Science and your suitability for CS nurses' training.

**A Christian Science Practitioner:**

Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

OR

**Your Christian Science Teacher:**

Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

**Three individuals who have known you personally for at least 3 years:  
(No family members or relatives, please)**

Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

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