



Application for Christian Science Nurses Training

Name _____ Date _____

Address _____

Phone _____ Email _____

1. How long have you studied Christian Science?
2. Are you a member of The Mother Church?
What year were you admitted to membership?
3. Are you a member of a Branch church or Society?
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:
6. Do you study the Bible Lesson regularly?
7. How are you practicing Christian Science in your daily life?

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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 _____