

# The Church of the Angels Healer Signup and Guidelines

**Thank you for choosing to offer healing as part of the church's weekly Sunday service.**

Why do you want to be a healer at The Church of the Angels?

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What methods will you use (e.g., angel healing, Reiki, etc.)?

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Please list any classes you've taken or prior experience.

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## GUIDELINES

**To honor the quiet and respect those simultaneously giving and receiving messages during the service, please refrain from conversation other than the initial greeting and closing protocol. Please do not offer messages during or immediately after the healing. Information of this nature should be done after the service with the trust that Spirit will support this dialog.**

### Healers will:

- Work from a place of love with the desire and ability to support God's gift of healing.
- Ask permission to touch the recipient.
- Display compassion and sensitivity relative to appropriate physical contact and pressure application.
- Be aware that some people are sensitive to strong scents.
- Minimize distracting movements. Healing energy goes where it needs to in the person's body and energy system. No fluffing, no shaking, no throwing of energy is necessary or accepted.
- Healings should not last more than 3-5 minutes per person so we can serve as many as is needed.

### Healers do not:

- Diagnose or prescribe treatment of any kind. Healers are not acting as physicians.
- Make a prognosis (e.g., predict the outcome of a disease or healing) or promise a cure of any kind.
- Use any physical techniques that will cause a person to become unaware during the service.
- Use manipulation, acupressure, hand or finger pressure, rubbing, massaging, or sliding of the hands over the body is prohibited due to legal considerations.

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By signing below, you become a registered healer at The Church of the Angels. Please know your registration may be revoked if the above guidelines are not honored.

I, \_\_\_\_\_, have read and agree to abide by these guidelines.  
(print name)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(email)

\_\_\_\_\_  
(contact phone number)

Approved by \_\_\_\_\_  
(print name) (Church representative signature) (date)