

# WIDE HORIZON INC.

8900 West 38<sup>th</sup> Avenue, Wheat Ridge, CO 80033-4204

Phone: 303-424-4445 – Fax: 303-339-3026

## APPLICATION FOR EMPLOYMENT AS A CHRISTIAN SCIENCE NURSE

(Note: All applicants are subject to a security background check.)

(PLEASE PRINT)

Date: \_\_\_\_\_

\_\_\_\_\_  
Name: First Middle Last

\_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
Email Cell Phone Other Phone

\_\_\_\_\_  
Social Security Number Date of Birth

U. S. Citizen? \_\_\_\_\_ If not, country of citizenship \_\_\_\_\_

Do you have a Visa that allows you to work in the U.S.? \_\_\_\_\_ What type of Visa? \_\_\_\_\_

Position applied for: \_\_\_\_\_ Date available to start: \_\_\_\_\_

### Most Recent Employment

\_\_\_\_\_  
Position/duties Name of organization

\_\_\_\_\_  
Street address City, State, Zip

\_\_\_\_\_  
Beginning/ ending date Reason for leaving

\_\_\_\_\_  
Name and title of immediate supervisor

May we contact your present employer? \_\_\_\_\_ Phone number: \_\_\_\_\_

## Previous Employment

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Position/duties \_\_\_\_\_ Name of organization \_\_\_\_\_

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Street address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

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Beginning/ ending date \_\_\_\_\_ Reason for leaving \_\_\_\_\_

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Name and title of immediate supervisor \_\_\_\_\_

## Education

Circle last year of school attended: 12 13 14 15 16 17+

High School attended: \_\_\_\_\_ Graduated: \_\_\_\_\_

College attended: \_\_\_\_\_ Degree earned: \_\_\_\_\_

Vocational/Technical School: \_\_\_\_\_ Degree earned: \_\_\_\_\_

## Personal References

Please list below three individuals who can serve as personal references for you. At least one should be a Journal-listed Christian Science Practitioner. Please do not list a relative or employer.

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Name \_\_\_\_\_ Phone \_\_\_\_\_

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Street address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

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Name \_\_\_\_\_ Phone \_\_\_\_\_

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Street address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

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Name \_\_\_\_\_ Phone \_\_\_\_\_

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Street address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**The following questions pertain to your practice of Christian Science:**

Are you currently a member of a Christian Science branch church, society, or college organization? If yes, which one? \_\_\_\_\_

Do you attend the Sunday services and Wednesday testimony meetings regularly? \_\_\_\_\_

In what capacities have you served in a Christian Science branch church, society or college organization?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Whether or not you are a member, what does membership in a Christian Science branch church or society mean to you?

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*Article VIII, Section 31. Christian Science Nurse. A member of The Mother Church who represents himself or herself as a Christian Science Nurse shall be one who has a demonstrable knowledge of Christian Science practice, who thoroughly understands the practical wisdom necessary in a sick room, and who can take proper care of the sick.  
The cards of such persons may be inserted in The Christian Science Journal under rules established by the publishers. (Church Manual, page 49)*

This By-law requires membership in The Mother Church as a basic qualification for the Christian Science Nurse. PLEASE ENCLOSE A COPY OF YOUR MOST RECENT MOTHER CHURCH MEMBERSHIP CARD.

Do you own and study?  
The Bible \_\_\_\_\_  
*Science and Health with Key to the Scriptures* \_\_\_\_\_  
Other published writings by Mary Baker Eddy \_\_\_\_\_

How regularly do you study the Weekly Christian Science Bible Lesson Sermon?  
\_\_\_\_\_ (See Art. III, Sect. 1 of the *Manual of the Mother Church*)

How do you endeavor to daily demonstrate Christian Science as taught in the Bible and *Science and Health*?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you familiar with and obedient to the *Church Manual*? \_\_\_\_\_

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Are you familiar with and obedient to Art. VIII, Section 13 of the *Church Manual*? \_\_\_\_\_

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Do you rely radically on Christian Science for healing? (See Art. IV, Section 1 of the *Church Manual*)

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Are you free from the use of the following?

Alcohol \_\_\_\_\_

Drugs \_\_\_\_\_

Medication \_\_\_\_\_

Tobacco \_\_\_\_\_

Have you used these substances within the last two years? \_\_\_\_\_

If yes, please explain.

Briefly describe what you consider to be the moral demands of Christian Science and how they relate to the work of the Christian Science Nurse.

How do you strive to live consistently with these demands?

Have you had Primary Class Instruction from an authorized teacher of Christian Science? \_\_\_\_\_

If yes, how has Class Instruction prepared you for Christian Science nursing?

Please give the year in which you had Class Instruction, your teacher's name, current address and telephone number, if applicable: \_\_\_\_\_

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Do you regularly attend Association meetings? \_\_\_\_\_

We are interested in your healing work as an expression of “a demonstrable knowledge of Christian Science practice.” (*Church Manual*, p. 49)

Please include on a separate page, two written testimonies of healing.

Please share how you were introduced to the idea of Christian Science nursing, why you are pursuing it, and how you envision yourself using your nurse’s training.

Please describe any training or experience you have had as a Christian Science Nurse.

From your current perspective, please share your approach to the following hypothetical situation:

A fellow branch church member, who is a friend, calls you at home. She tells you that she hasn't been feeling well and hasn't been able to eat anything for a couple of days. She's working with a C.S. practitioner. She seems fearful and asks if you can help her in some way.

What implications will your duties as a Christian Science Nurse have on your family/ home situation?

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The work of a Christian Science nurse is demanding, physically, as well as mentally. Are you in good health, being free to approach this work with strength, stamina, and ease of movement? \_\_\_\_\_

If not, please explain.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**“Love inspires, illumines, designates, and leads the way.” *Science and Health*, p. 454**