

Your Beliefs...

YES NO

Do you believe...

___ ___ That Jesus is God’s Son and the only sacrifice for sin?

___ ___ That man must be born again to receive eternal life?

___ ___ In the infallibility of the Bible?

___ ___ That divine healing is part of redemption and is God’s will for all who believe?

___ ___ That Jesus arose bodily from the dead?

___ ___ In the in-filling of the Holy Spirit?

List other churches you have attended regularly during the past three (3) years. (name and address)

List any training, gifts, callings, education, or other factors that have prepared you for the ministry of helps _____

Have you ever led a person to Christ? _____

Have you been involved in the ministry of helps before? _____

If so, What areas _____

At what church or organization? _____

Do you have any physical handicaps/conditions preventing you from performing any activities relating to physical work? _____

If yes, explain: _____

Your Walk...

Are you currently living a Godly and moral lifestyle? _____

Have you ever been involved in the following:

- | | |
|---|--|
| <input type="checkbox"/> Fornication (sex outside of marriage) | <input type="checkbox"/> Do you Smoke |
| <input type="checkbox"/> Adultery (sex with some other than your husband or wife) | <input type="checkbox"/> Drink Alcohol |
| <input type="checkbox"/> Homosexuality/Activities (sex with the same sex) | <input type="checkbox"/> Use Illegal Drugs |
| <input type="checkbox"/> Registered Sex Offender | <input type="checkbox"/> Pornography |
| <input type="checkbox"/> Convicted of a Felony | |

If you checked any of the boxes above, please explain: _____

If you are interested in committing your time and talent to one or more of these areas of ministry, please place the appropriate code in the shaded box. If you are not interested, please leave it blank.

E – Experienced & Interested

Helps Ministries	E / NE
Home Group Fellowship	
Children's Ministry	
Nursery Ministry	
U-Turn Youth	
Singles Ministry	
Armor Bearers	
Music Ministry	
Guest Services	
Usher's Ministry	
Intercession	
Helping Hands	
Missions	
College and Career	
Clerical / Church Office	
Graphic Design	
Angel Food Outreach	

NE – Not Experienced & Interested

Helps Ministries	E / NE
Woman's Ministry	
Food Pantry	
Men's Ministry	
Altar Care	
Bulk Mailing	
Internet Skills	
Carpentry	
Lawn Maintenance	
Electrician	
Plumber	
Painter	
Mechanic	
Sound Technician	
Book Store	
Tape and/or CD Duplication	
Audio Visual Ministry	

Personal References
(No former employers or relatives)

Name: _____

Address: _____ City _____

St _____ Zip _____ Phone number () _____

Name: _____

Address: _____ City _____

St _____ Zip _____ Phone number () _____

APPLICANT ' S STATEMENT

The information contained in this Application is correct to the best of my knowledge. I authorize any references or churches listed in this application to any information they may have regarding my character and I release all such references from liability for any damage that may result from furnishing such evaluation to you and I wave any right that I have to inspect the references provided on my behalf. I understand that all applicants that are excepted will have a formal background check which will be good for two years.

Should my application be accepted, I agree to be bound by the tenets of Word of Love Family Church and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

Applicant's signature

Date

Applicant's Printed Name

Date