MINISTRY VISIONS MINISTRY APPLICATION

Personal Informion: Gender: DOB _____City: _____Zip: _____ Home Phone: _____ Cell Phone: _____ Email: _____ Spouse's Name____ Marital Status: ____ **Ministry Information:** Ministry Applying For: ______ Are you available at our service times _____ Please describe your special talents _____ Please describe your previous ministry experience____ Are you willing to commit to being faithful in this ministry? ______ Are you willing to submit to the ministry leaders over you? ______ **Background Information:** How long have you been at insert your church name and which services do you attend? Where did you attend church before *insert your church name*, what was your reason for leaving? Have you ever been accused or arrested for anything other than a traffic violation? If yes explain: Who in Church Leadership can be a source of reference for you____ **Spiritual Information:** Please share when and how you came to know Christ as your personal Savior: _____ Are you baptised in the Holy Spirit_____ **Your Personal Comments:**

			
Signature:		Date:	
Office Use Only:			
Date:	Ministry Leader:	Approved:	
Pastors Comments:			