Ministry Involvement (Volunteer) Form

(Please type or print clearly)

First Name _____

Last Name _____

Address _____

Apt#_____

City: _____

State: _____

ZipCode: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Date of Birth (mm/dd/yy): _____

Are you a Born Again Christian? Yes No

How long have you been a Christian? _____

Have you received the baptism of the Holy Spirit according to Acts 2:4? Yes No

What area of ministry are you interested in?

Why are you interested in being involved in this area?

State any previous experience in this area of ministry:

Are you a faithful tither? Yes No

Where are you employed at?

By submitting this form you acknowledge you have completed it to the best of your ability: Yes No

Submit Form Reset Form