



Ministry of Helps Application

Name:			Date:
			Email:
City:	ST:	Zip:	Date of Birth:
Home Phone:		Cell Phone:	
MarriedSingleIf married, s	pouse's nam	ne:	
If single, do you live with someone? NoYe	stheir	name and rela	ationship:
Your occupation:			
Ministry you are applying for:			
How long have you been in regular attendance a	t The Church	h of Grace and	Peace?
Are you currently a member of the church, if so	how long? D	Date completed	membership classes?
Do you know Jesus Christ as your personal Lord	and Savior?	YesNo	How long have you been saved?
Have you been water baptized? YesNo	If yes, ap	oproximately w	hen?
Have you received the Baptism of the Spirit? Ye	sNo	if s	so, do you speak in tongues? YesNo
Which service(s) do you attend? Sunday 8:30 a	m	_Sunday 10:30	amWednesday 7:00 pm
Please list <u>all</u> ministries you currently serve in at	The Church	of Grace and P	Peace or elsewhere:
Please list <u>all</u> ministries you have previously serv	ed in:		
Have you met any of the church Leadership? Ye	·S	No	If yes, please check those you have met:
Pastor Walt Healy Past	or Juan Guar	rin	Pastor Mary Guarin
	tor James Wh		Pastor Tom Kluender
	tor Cherryl Bal		Youth Co-Pastor Gabrielle Huber
	tor Lisa Marti		Youth Co-Pastor Nathanael Huber
Pastor Bob Oettinger			
Can you commit to occasional ministry meetings	and training	g?	
Signature:			Date:
Ministry Leader Printed Name:			Date:
Ministry Leader Signature:			