

Faith Deliverance Worship Center

Ministry Involvement Form

Name: _____

Address: _____

Telephone: _____

Ministry Name: _____

I. Have you completed discipleship class? Yes or No

II. If yes, was it prior to the year 2000? Yes or No

III. What was the last discipleship class completed?

IV. What are your spiritual gifts?

V. What is your ministry burden(s)?

VI. Are you a member in good standing? Yes or No

“ Regularly attend Worship Service? Yes or No

“ Tithe 10% of your income? Yes or No

“ Support Vision and Pastor?

Yes or No

VII. What other ministries are you involved in?

VIII. What hobbies or interests do you have?

IX. If you are requesting a teaching position, have you completed the Teaching Certification process?

Comments:
