Arouca Revival Tabernacle

MINISTRY ENROLLMENT FORM

Section 1: Applicant Personal Details (circle your response)					
Title	Mr.	Mrs.	Ms.	Rev.	Dr.
Name					
Sex	Male			Female	
Date of Birth (dd/mm/yyyy)					
Telephone	Home:		/ Mobile	:	
Guardian's Name (if under 18yrs)					
Guardian's Contact					
Home Address					
Email Address					
In Emergency Notify	Name: Relatior Contact				
Section 2: Applica	ant Mir	nistry D	etails (c	ircle you	r response)
State the Ministry that you are desirous of joining.					
Do you have any experience in the desired ministry?	Yes		Νο		
If yes please state your experience					
Have you followed the Lord in water baptism	Yes		No		

If yes how long have you been a Christian?	0-3 yrs	4-8 yrs	9yrs and over
Are you enrolled in a class in our Christian Education Programme?	Yes	No	
If no please state your reasons for not attending.			
Section 3: Other Ir	nformation	· · · · · · · · · · · · · · · · · · ·	
Do you have any skills/talent that would be of benefit to this ministry			
List a few reasons why you wish to become a member of this ministry.			

Section 4: Health Information (complete only if applicable)				
List any health conditions that may require attention during practice and/or ministry times. Please be very specific!	Primary Care Physician: Contact Number			
	Health Conditions:			
In case of emergencies the Ministry Director or his/her designate will phone you and/or your Primary Care Physician or Emergency Health Services for guidance.				

Section 5: Application Declaration (18 years and over)		
I certify that the information contained in this application is a true and correct statement of my particulars, qualifications, training, experience and competencies.		
Signature: Date:		
Section 6a: Guardian Declaration (if under 18 years)		
I certify that the information contained in this application is a true and correct statement of my particulars, qualifications, training, experience and competencies. My affixed signature certifies the applicant to partake in all of the ministry's approved activities or events unless otherwise expressly stated.		
Signature: Date:		
Section 6b: Guardian Declaration (if under 12 years)		
I hereby designate the following persons to drop off and pick up my child. If someone other than those on the list is to pick up my child I will notify the Ministry's Leadership.		
Guardian Authorized Persons		
Name:		
Name:Contact:		
Signature:		

Section 7: Official Use only				
Ministry Director				
Comments:	Signature:			
	Date:			
Church Ministries Director				
Comments:	Signature:			
	Date:			
<u>Pastor</u>				
Comments:	Signature:			
	Date:			