

# Arouca Revival Tabernacle

## MINISTRY ENROLLMENT FORM

<b>Section 1: Applicant Personal Details (circle your response)</b>	
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: Relationship: Contact:
<b>Section 2: Applicant Ministry Details (circle your response)</b>	
State the Ministry that you are desirous of joining.	
Do you have any experience in the desired ministry?	<b>Yes</b> <b>No</b>
If yes please state your experience	
Have you followed the Lord in water baptism	<b>Yes</b> <b>No</b>





**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:..... Contact:.....

Name:..... Contact:.....

Name:..... Contact:.....

Name:..... Contact:.....

Name:..... Contact:.....

Signature:..... Date:.....

Section 7: **Official Use only**

**Ministry Director**

Comments:

Signature:

Date:

**Church Ministries Director**

Comments:

Signature:

Date:

**Pastor**

Comments:

Signature:

Date: