

Ministry of Helps Commitment

Name _____

Date _____

Do you feel that you are prepared to serve in a support ministry at this time? Yes / No

If yes, please complete the items as noted below.

circle one

I am interested in serving in the ministry/ministries that I have indicated below and would like to receive additional information and training as required.

Circle all areas of interest:

<p>Buildings and Grounds</p> <p>Fellowship</p> <ul style="list-style-type: none"> Sons of God Men's Ministry Women on Purpose Married Couples Singles Senior Saints <p>Hospitality</p> <ul style="list-style-type: none"> Catering Ministry Special Events Ministry Guest Reception Ministry Hostess Ministry Pastor's Personal Assistants (PPA) Usher Ministry <p>Media</p> <ul style="list-style-type: none"> Audio/Sound Ministry Light Ministry Multimedia Ministry Tape Duplication Ministry Television Ministry 	<p>Music</p> <ul style="list-style-type: none"> Praise Team FICC Choir Musician/Instrumentalist Prophetic Dance Ministry Drama <p>Outreach/Inreach</p> <ul style="list-style-type: none"> Evangelism Bus Ministry Senior Visitation Ministry Prison Ministry Hispanic Outreach Ministry Evangelistic Outreach Ministry <p>Security/Parking</p> <ul style="list-style-type: none"> Armorbearer Ministry Parking Lot Security Ministry <p>Youth</p> <ul style="list-style-type: none"> Kings Kids Children's Ministry Kingdom Explorers Student Ministry God Followers Collegiate/Young Adult Ministry
--	--