

Ministry Interests

2007-2008



Date: _____

Name: _____ Student ID#: _____

Phone Number: _____ E-Mail: _____

Areas of Interest (circle all that apply):

Age-Graded Ministries

Infants & Toddlers
Children's Ministry
Youth Ministry
Young Adult Ministry
Singles Ministry
Couples Ministry
Senior's Ministry

Cultural Ministries

Brazilian Ministry
Spanish Ministry
Haitian Ministry
Evangelism Ministry
Prayer Ministry
Men's Ministry
Women's Ministry

Sunday Ministries

Music Ministry
Media Ministry
Ushers & Greeters
Guest Reception
Altar Workers
Translation
Plant Management

Other areas of interest (gift/talents): _____

Other languages you are fluent in: _____

Previous experience: _____

Availability (check all that apply):

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Sunday 9am | <input type="checkbox"/> Wednesday 7pm |
| <input type="checkbox"/> Sunday 11am | <input type="checkbox"/> Thursday 8pm |
| <input type="checkbox"/> Sunday 7pm | <input type="checkbox"/> Friday 7pm |

If you are not available at these times, when you are available? _____

Do you attend Church of All Nations? Y / N If not, write on the back of this page, the name of the pastor who will mentor you and his phone number.

Comments:
