



**HELPS DEPARTMENT USE ONLY**

POSITION APPLIED FOR: \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

## Helps Ministry Application

**APPLICANT INFORMATION**    Mr.    Mrs.    Miss    Ms.    Dr.    Rev.    Other: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Home Street Address & Apt. No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal / Zip Code: \_\_\_\_\_ How long in area? \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employers Name: \_\_\_\_\_

Current Position / Title: \_\_\_\_\_ Number of years with Company? \_\_\_\_\_

Employer's Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal / Zip Code: \_\_\_\_\_

Marital Status:  Single    Married (Date): \_\_\_\_\_    Divorced    Widowed

Children:  No    Yes (How Many): \_\_\_\_\_   Any living with you:  No    Yes

Children's Names

Birth Dates

\_\_\_\_\_  Son    Daughter \_\_\_\_\_

\_\_\_\_\_  Son    Daughter \_\_\_\_\_

\_\_\_\_\_  Son    Daughter \_\_\_\_\_

\_\_\_\_\_  Son    Daughter \_\_\_\_\_

Have you completed our New Membership class?    No    Yes   Date Completed: \_\_\_\_\_

Do you smoke?    No    Yes   Do you use illegal drugs?    No    Yes

Do you bring your tithe to this church?    No    Yes   When are you available to start? \_\_\_\_\_

What worship services do you attend regularly?    Sunday 10:00am    Sunday 6:00pm    Wednesday 7:00pm

Any limitations that would hinder a regular work schedule:    No    Yes (If yes describe): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Ministry of Helps Application (Continued)**

Indicate The Top Four Areas In The Ministry Of Helps You Would Prefer To Serve In:

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
- 3. \_\_\_\_\_ 4. \_\_\_\_\_

Please List Any Skills Or Training You Have Received:

\_\_\_\_\_  
\_\_\_\_\_

What Ministry Of Helps Do You Currently Serve In?

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
- 3. \_\_\_\_\_ 4. \_\_\_\_\_

Please List Three References Whom You Have Known For At Least Six Months

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please List Your Church History For The Previous Two Years

Church Name	City & State	Pastors Name	Helps Ministry Position Served While Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Explain Why You Desire To Serve In Ministry

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I Declare That The Information Provided Is Accurate And True.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR KIDSPACE USE ONLY:**

RECOMMENDATIONS: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

FOLLOW-UP COMPLETED BY: \_\_\_\_\_ DATE CONTACTED: \_\_\_\_\_