Fields of Grace Worship Center

Volunteer / Ministry Application

Rev. 5/12

Name: _____

Phone Number: _____ Email: _____

Age_____, Marital Status: [ ] Married, [ ] Divorced, [ ] Single, [ ] Widow(ed).

How long have you been a Christian? _____

Have you been baptized? Yes [ ] No [ ] if yes when? _____

Please attach to this application, your story (testimony) of how you came to know Christ, and how you have changed (grown) since becoming a believer.

Position in which you desire to serve.

[ ] Teacher, [ ] Office Staff, [ ] Janitorial, [ ] Aide/Assistant Teacher,
[ ] Usher/Greeter, [ ] Children's Ministry, [ ] Youth Ministry, [ ] Sound/Media, [ ] Website
[ ] Men's Ministry, [ ] Women's Ministry, [ ] Other: _____

***Note: Individuals seeking a position which require working with minors and or finances a background check is required. Do you agree to a background check?* [ ] Yes, [ ] No.**

Please share why you feel you are a good fit for this position:

_____
_____
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_____

Please list the last 2 churches you have attended and why you are no longer attending those churches.

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