



# MINISTRY OF HELPS MEMBERSHIP FORM

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## INSTRUCTIONS:

- Please use a pen to complete this form; and write legibly
- Upon completion, please return to the Ministry of Helps Director

Date: \_\_\_\_\_

## PERSONAL INFORMATION

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Preferred Email: \_\_\_\_\_ Alternative: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (month/date/year – info will not be shared publicly) Sex: Male: \_\_\_ Female: \_\_\_

Marital Status (check one): Married: \_\_\_ Single: \_\_\_ Separated: \_\_\_ Divorced: \_\_\_ Widowed: \_\_\_

Spouse's Name: \_\_\_\_\_ Wedding Date: \_\_\_\_\_

Do you have a valid driver's license? Yes: \_\_\_ No: \_\_\_ Driver's License #: \_\_\_\_\_

***Please check the areas of ministry for which you are applying:***

*(please be advised additional information may be required before being assigned to serve on certain ministries)*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Altar Workers' Ministry      | <input type="checkbox"/> Church Choir          | <input type="checkbox"/> Hospitality Ministry |
| <input type="checkbox"/> Intercessory Prayer Ministry | <input type="checkbox"/> Marriage Ministry     | <input type="checkbox"/> Media Ministry       |
| <input type="checkbox"/> Men's Ministry               | <input type="checkbox"/> Music Ministry        | <input type="checkbox"/> Outreach Ministry    |
| <input type="checkbox"/> Praise & Worship Ministry    | <input type="checkbox"/> Praise Dance Ministry | <input type="checkbox"/> Singles' Ministry    |
| <input type="checkbox"/> Ushers' Ministry             | <input type="checkbox"/> Women's Ministry      | <input type="checkbox"/> Youth Ministry       |

Acknowledged Spiritual Gifts: \_\_\_\_\_

Talents / Abilities: \_\_\_\_\_

Interest / Skills: \_\_\_\_\_

**CHRISTIAN EXPERIENCE**

How long have you been an active member of OJMCC? \_\_\_\_\_ Years \_\_\_\_\_ Months

Have you been baptized by immersion in the name of Jesus Christ?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ When?: \_\_\_\_\_

Have you received the baptism of the Holy Spirit with the evidence of speaking in tongues?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ When?: \_\_\_\_\_

What ministries (if any) have you served on in previous churches?

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

Applicant's Comments (*optional*):

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

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

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To be completed by MOH Director only:

Date New Membership Class completed: \_\_\_\_\_

Date information received by MOH Director: \_\_\_\_\_

Date information forwarded to ministry head: \_\_\_\_\_