

anderson 1st

"a church of destiny"

PARTNERS-IN-MINISTRY (Membership) APPLICATION

Today's Date _____ / _____ / _____

BASIC INFORMATION (PLEASE PRINT)

Name: _____ Name You Go By: _____
First Middle Last

Address: _____ Apt # _____ E-mail: _____

City/State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Birthdate: _____ / _____ / _____ o male o female Martial Status: o single o married o divorce o widowed

Spouses name: _____ Spouse birthdate: _____ Years Married: _____ Anniversary Date: _____
(Does He/She attend First Assembly ? o yes o no)

Children:

Name: _____ Age: _____ Grade: _____ Birthdate: _____ Attends F/A? o yes o no

Name: _____ Age: _____ Grade: _____ Birthdate: _____ Attends F/A? o yes o no

Name: _____ Age: _____ Grade: _____ Birthdate: _____ Attends F/A? o yes o no

Name: _____ Age: _____ Grade: _____ Birthdate: _____ Attends F/A? o yes o no

CHURCH HISTORY AND WHAT YOU BELIEVE

How long have you regularly attended First Assembly? _____ Do you tithe regularly? o yes o no

Previous church attended: Name of Church: _____ City/State: _____

How long did you attend the previous church? _____ Name of Pastor: _____

Why did you leave your previous church? _____

Do you have a personal relationship with Jesus Christ? o yes, what year established? _____ o no

Have you been Baptized in Water? o yes, what year? _____ o no

When did you receive the Baptism in the Holy Spirit (speaking in other tongues)? _____

Please check the statements that apply to you. **I believe...**

- in the **BIBLE** as the inspired and infallible Word of God (2 Tim. 3:15-16)
- in **SALVATION** through the Blood of Jesus Christ, (1 John 5:10; Rom. 10:13-15)
- in **WATER BAPTISM** by immersion, (Matt. 28:19)
- in **DIVINE HEALING** through the redemptive work of Christ on the cross, (Isa. 53:4; Matt. 8:16-17; James 5:13,14)
- in the **SPIRIT-FILLED** life, (Acts 2:4; 10:44-46; 15:8,9; Eph. 5:18)
- in living a **HOLY AND A SEPARATED** Life, (Heb. 12:14; 1 Peter 1:15-16)
- in the **SECOND COMING** of Jesus Christ, (Acts 24:15; Luke 14:14; Rev. 19:7-9)
- in **SUPPORTING FIRST ASSEMBLY** with tithes and offerings, (Malachi 3:10)

Occupational Status: o Full time o Part time o Full time Mom o Unemployed o Student o Retired o Other

Employed by: _____ Position or Title: _____

EMPLOYMENT HISTORY (Please list other employment experiences)

Position Held	Employer	Date	Full of Part-time
_____	_____	_____	_____
_____	_____	_____	_____

MINISTRY-RELATED EXPERIENCE (List any previous ministry-related or small group ministry experience)

Position	Ministry	Date	Paid/Unpaid
_____	_____	_____	_____
_____	_____	_____	_____

ABOUT YOURSELF (The following will be helpful in suggesting ministry opportunities that are available)

Special Interests & Talents

- | | | |
|---|---|---|
| <input type="checkbox"/> teaching | <input type="checkbox"/> assistant to leader | <input type="checkbox"/> visitor follow up |
| <input type="checkbox"/> crafts/sewing/painting | <input type="checkbox"/> creative writing | <input type="checkbox"/> new believer follow up |
| <input type="checkbox"/> praise & worship | <input type="checkbox"/> outreach | <input type="checkbox"/> clerical skills |
| <input type="checkbox"/> carpentry | <input type="checkbox"/> greeter | <input type="checkbox"/> providing refreshments |
| <input type="checkbox"/> sound & media | <input type="checkbox"/> drama | <input type="checkbox"/> recruiting volunteers |
| <input type="checkbox"/> story telling | <input type="checkbox"/> musical instruments | <input type="checkbox"/> organizing volunteers |
| <input type="checkbox"/> intercessory prayer | <input type="checkbox"/> publication/newsletter | <input type="checkbox"/> sports & recreation |

List three STRENGTHS

1. _____
2. _____
3. _____

List three WEAKNESSES

1. _____
2. _____
2. _____

Where Is Your Passion For Ministry?

- | | | | |
|---------------------------------|---|------------------------------------|--|
| <input type="checkbox"/> Adults | <input type="checkbox"/> Bible teaching | <input type="checkbox"/> Children | <input type="checkbox"/> Prayer |
| <input type="checkbox"/> Men | <input type="checkbox"/> Special Needs | <input type="checkbox"/> Families | <input type="checkbox"/> Senior Adults |
| <input type="checkbox"/> Women | <input type="checkbox"/> Helps | <input type="checkbox"/> Parenting | <input type="checkbox"/> Recreation & Activities |
| <input type="checkbox"/> Youth | <input type="checkbox"/> Praise & Worship | <input type="checkbox"/> Singles | <input type="checkbox"/> Other _____ |

Briefly explain why you would like to be a Partner-In-Ministry at First Assembly. _____

REFERENCE: (Please print the name of a Pastor or ministry supervisor – exclude family members)

Name	Church Name	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____

By signing below, I certify that the information contained in this application is complete, accurate, and not misleading in any way. I authorize First Assembly and its agents to contact references provided, as well as any sources not provided in order to obtain information regarding my character and fitness for Partnership and/or Small Group Leadership. Should my application be accepted, I agree to submit to leadership, doctrine, and policies/procedures of First Assembly, and to refrain from unscriptural conduct in the performance of my services on behalf of First Assembly.

Signature of Applicant: _____ Date: _____/_____/_____