



Ministry Of Serving Application

Date: _____

CAMPUS: _____

Last Name: _____

First Name: _____

Phone: _____

Email: _____

Under 18: Parent/Guardian Full Name: _____ Phone: _____

Email: _____

Are You A Member of Destiny & Dominion Word Ministries?: YES NO

What Are Your Skills/Talents/Abilities: *List as many as you can*

Please indicate the area(s) that you desire to serve in:

CHECK THE BOX/BOXES BELOW:

- | | | |
|--|---|---|
| <input type="checkbox"/> Altar Care | <input type="checkbox"/> Guest Services | <input type="checkbox"/> Sound Ministry |
| <input type="checkbox"/> Bookstore | <input type="checkbox"/> Media | <input type="checkbox"/> Ushers |
| <input type="checkbox"/> Café Connect | <input type="checkbox"/> Men's Ministry | <input type="checkbox"/> Worship & Musicians Team |
| <input type="checkbox"/> Children's Ministry | <input type="checkbox"/> Parking Lot Team | <input type="checkbox"/> Women's Ministry |
| <input type="checkbox"/> Cleaning Team | <input type="checkbox"/> Prayer Line | <input type="checkbox"/> Youth Ministry |
| <input type="checkbox"/> Evangelism | <input type="checkbox"/> Seniors Ministry | |

Indicate services available to serve: () Sunday AM () Wednesday PM

Are you involved in any other ministry within Destiny & Dominion () Yes () No

If yes, please list:

OFFICE USE ONLY

MOS Coordinator/Coordinator Approval Signature: _____ Date: ____/____/____

Forms/MOS volunteer 2023

Pastoral Approval Signature: _____ Date: ____/____/____