



Ministry Of Serving Application

Date: _____

CAMPUS: _____

Name (last) First Middle M () F () Date of Birth (dd/mm/yy)

Address City Province Postal Code

Marital Status Spouse's Name:
Single Married Divorced Widowed Remarried

Email: Parent's Email (for minors):

Telephone Res: () Cell: () Bus: ()

Under 18 years: Parent's Signature & Cell:

Date of Salvation Date of Holy Spirit Baptism Member of DDWM YES NO

Previous Church attended City Province

Have you ever been charged and/or convicted of a criminal act other than traffic violation? Yes No
If yes, give details on the back of this form.

Please indicate the area/s in which you desire to serve:

NOTE: If you desire: (Fill out a separate application for each area you desire to volunteer)

CHECK ONE ONLY

- Administration Audio/Visual/Slides After School Program Altar Care Bookstore
Building Maintenance Cafe Connect Children's Ministry Hospitality Inner City Outreach
Cleaning Dance Drama Evangelism (Love Alive)
Health/Fitness Hospital Visitation Information/Guest Service Life Connections - Host Facilitator
Marketing/Public Relations Media Men's Ministry Parking Lot Praise & Worship
Prayer Line Seniors Ministry Nursing Home Ministry Sound Ministry Transportation
Transcribing/Typing TV Web/Graphic Design Women's Ministry Other
Ushers/Greeters Security Youth Ministry

Indicate services available to work: () Sunday AM () Tuesday PM () Wednesday PM

List any qualification or skills you have in the area indicated above.

Are you involved in any ministry other than Destiny & Dominion Word Ministries () Yes () No
If yes, please list:

OFFICE USE ONLY Department leader approval Date:
Forms/MOS volunteer 2021 Pastoral approval Date: