Today Date:_____

Word Alive Church
Volunteer Worker Application

Name (last)	(first)	(middle)	☐ M ☐ F	Date of Birth
Address	City	State		Zip
Mailling Address	City	State		Zip
Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Remarried	Spouse's Name			
Employee's Address				
Telephone Home ( ) Work ( ) Cell ( )			Email	
Number of Children	List Name(s) and Age(s)			
Date of Salvation	Date of Holy Spirit Baptism	Do you consider yourself "connected" to Word Alive Church? ☐Yes ☐No		
Previous church attended?	City	State	Pastor's Name	

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

Please indicate one area in which you would like to serve.

Note: If you desire to serve in the Children's or Nursery ministry, please complete a "Children's Ministry Application."

Check Only One

☐ Tape Duplication	☐ Worship Team Ministry	☐ Powerpoint Operator	☐ Hospitality
☐ Prayer Counselor	☐ Children's Ministry	☐ Sound Technician	☐ Communion
☐ Youth Minsitry	☐ Usher	☐ Nursery	
☐ Nursing Home Ministry	☐ Office Volunteer	☐ Parking Team	

Indicate services available to serve: ☐ Sunday 10:00 AM ☐ Wednesday 7:00 PM

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

Are you involved in any ministry other than Word Alive Church? ☐ Yes ☐ No If yes, please list: