

# *she* Ministries

## Ministry Application

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

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

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

How and when did you come to know the Lord Jesus Christ as your personal Savior?

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What impact does your walk with Christ have on your daily life?

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Do you regularly attend Calvary? \_\_\_\_\_ If so, how long have you attended? \_\_\_\_\_

**Please check the service(s) you consistently attend:**

☐ Saturday 6:30pm ☐ Sunday 8:00am ☐ Sunday 9:30am ☐ Sunday 11:15am ☐ Wednesday 7:00pm

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### WHERE TO PLUG ME IN:

☐ AM Bible Study ☐ PM Bible Study ☐ Retreats ☐ Special Events ☐ Office

### HOW TO PLUG ME IN:

<input type="checkbox"/> Administration	<input type="checkbox"/> Drama/Skits	<input type="checkbox"/> Materials	<input type="checkbox"/> Sales Table
<input type="checkbox"/> Assembly	<input type="checkbox"/> Greeting	<input type="checkbox"/> Notebook Assembly	<input type="checkbox"/> Other _____
<input type="checkbox"/> Children's Program	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Outreach	
<input type="checkbox"/> Database Help	<input type="checkbox"/> Hostess	<input type="checkbox"/> Prayer	
<input type="checkbox"/> Decorations	<input type="checkbox"/> Kiosk	<input type="checkbox"/> Registration Table	

Availability: ☐ MORNINGS ☐ AFTERNOONS ☐ EVENINGS ☐ WEEKENDS

HOURS: \_\_\_\_\_

Have you previously participated in a ministry at Calvary? \_\_\_\_\_

If yes, which one(s)?

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Please give the dates of your participation.

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Are you currently serving in a ministry? \_\_\_\_\_

If yes, which one(s)?

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**Office use only:**

Overseeing Leader: \_\_\_\_\_

Approved Signature: \_\_\_\_\_

Entered into database ☐

Applicant contacted by Leader: Yes ☐ No ☐ Date \_\_\_\_\_

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

Comments: \_\_\_\_\_

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