



JESUS PEOPLE LIFE CHANGING MINISTRIES CHURCH

APPLICATION FOR SERVICE IN THE MINISTRY OF HELPS

NAME: _____ ()
Last First Phone

BIRTHDATE: ____/____/____ OCCUPATION: _____ ()
Business Phone

1. Are you born again? _____ If yes, When? ____/____/____
2. Have you received the baptism with the Holy Spirit? ____ yes ____ no Water Baptism ____ yes ____ no
3. In what ministry do you desire to serve the Lord? _____
4. Are you or have you been active at Jesus People Life Changing Church? ____ yes ____ no
5. If yes, how long? _____
6. Will you attend regularly? _____
7. Do you feel a definite call into the ministry of helps? _____ Explanation: _____

8. Will you be prompt? ____ yes ____ no
*****Note You must be prompt, arriving one half hour before service. If you can't make it or you're going to be late, contact your department head.**
 You are encouraged to attend all services, Tuesday Night and Sunday Morning Services.

Criteria for Ministry of Helps Ministries Workers

PLEASE PLACE A CHECK MARK ON THE APPROPRIATE LINE

1. Will be a faithful consistent tither to JPLCC _____ yes ____ no
2. Completed Cornerstone New Members Class _____ yes ____ no
3. Are you involved in any unbiblical sexual habits (i.e. fornication, adultery, homosexuality)? _____ yes ____ no
4. Are you involved in illegal drugs? _____ yes ____ no
5. Do you smoke anything? _____ yes ____ no
6. Do you drink alcoholic beverages (wine, beer, strong drink, etc.)? _____ yes ____ no
7. Are you involved in the occult (fortunetellers, horoscopes, psychic consultation, etc.)? _____ yes ____ no
8. Will you be diligent and prompt in your assignments? _____ yes ____ no

As a Ministry of Helps worker, I am committed to confidentiality as it relates to all areas of ministry. By signing this application, I certify that I meet the qualifications listed above and that the information I provided is accurate. I also commit to fulfill all the requirements of the Ministry of Helps that I have read, understood and accept the information stated.

Your Signature: _____ Date: _____

Approved For Ministry of Helps: ____ yes ____ no If no, explain: _____



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MINISTRY OF HELPS

NAME: _____ DATE: _____

Have you finished Cornerstone Classes? Yes NO Date Completed: _____

I Am Interested In Serving The Lord Through The Following Ministries:

- | | |
|--|--|
| <input type="checkbox"/> BAPTISM / COMMUNION MINISTRY
<i>Fulfilling the Ordinances of God</i> | <input type="checkbox"/> INTERCESSORY PRAYER MINISTRY
<i>Continual Standing in the Gap</i> |
| <input type="checkbox"/> BOOKSTORE / TAPE MINISTRY
<i>Informative Literature For Sale</i> | <input type="checkbox"/> L.I.F.E COMMUNITY CENTER
<i>Reaching out to our community and collaborating in partnership to produce Synergy and foster advancement physically, psychosocially, educationally, and financially</i> |
| <input type="checkbox"/> BROADCASTING TV MINISTRY (Focus On Destiny)
<i>Invading the airways for the Glory of God</i> | <input type="checkbox"/> MEN OF VISION / BOYS TO MEN
<i>Helping Men Come to Their Full Potential</i> |
| <input type="checkbox"/> CARE CALLERS MINISTRY
<i>Contacting New Church Members For Three Months To Share the Love of God *Telephone Contact with all Visitors</i> | <input type="checkbox"/> MINISTERIAL TRAINING PROGRAM (MTP)
<i>Year long class developing Five Fold Ministry Gifts</i> |
| <input type="checkbox"/> CHILDREN'S CHURCH / JPLCC KINGDOM KIDZ
<i>Creatively Ministering to God's Children</i> | <input type="checkbox"/> MUSIC MINISTRY
<i>Praise Singers / Sanctuary Choir / Band / Vocal Ensembles / Orchestra</i> |
| <input type="checkbox"/> CHILDREN'S CHURCH CHOIR
<i>Children glorifying God through the artistic expression of song</i> | <input type="checkbox"/> NEW MEMBERS AND NEW CONVERT MINISTRY
<i>Giving New Members and New Converts insight concerning the workings of the ministry</i> |
| <input type="checkbox"/> CHILDREN'S CHURCH DESTINY DANCERS
<i>Children glorifying God through the artistic expression of dance</i> | <input type="checkbox"/> NEWSLETTER MINISTRY
<i>Informing the body of Christ of activities and special events</i> |
| <input type="checkbox"/> CHILDREN'S RIGHTEOUS STEPPERS
<i>Children glorifying God through the artistic expression of step</i> | <input type="checkbox"/> NURSERY MINISTRY
<i>Providing Care and Ministry for Infants and Toddlers</i> |
| <input type="checkbox"/> COMMUNICATION **VIDEO/AUDIO MINISTRY
<i>Training Tools for God's People</i> | <input type="checkbox"/> PERFORMING ARTS MINISTRY
<i>Glorifying the Lord through the Language of Dance, Step, etc.</i> |
| <input type="checkbox"/> DRAMA MINISTRY
<i>Creative Theatrical Expression of the Gospel</i> | <input type="checkbox"/> PRAYER COUNSELORS MINISTRY
<i>Sharing the New birth Experience with New Believers</i> |
| <input type="checkbox"/> EVANGELISTIC OUTREACH (Kingdom Ministry)
<i>Teams assigned by God to get the Word out</i> | <input type="checkbox"/> PRISON MINISTRY
<i>Taking God's Word to incarcerated Men and Women</i> |
| <input type="checkbox"/> ENVIRONMENTAL SERVICES
<i>Keeping God's house clean for His Glory</i> | <input type="checkbox"/> PUBLIC RELATIONS MINISTRY
<i>Informative Journalism (Newspapers, Television Theaters, etc.)</i> |
| <input type="checkbox"/> GUEST MINISTRY
<i>Welcoming the Gifts of God</i> | <input type="checkbox"/> SECURITY/PARKING LOT VALET MINISTRY
<i>Providing a safe environment to the Glory of God</i> |
| <input type="checkbox"/> HOSPITAL MINISTRY
<i>Ministering to the sick that they may be made whole</i> | <input type="checkbox"/> STREET TEAM MINISTRY
<i>Taking the Word of God into the Streets</i> |
| <input type="checkbox"/> HOSPITALITY MINISTRY
<i>Serving the gifts of God</i> | <input type="checkbox"/> TRANSPORTATION MINISTRY
<i>Driving God's people with a spirit of excellence to the glory of God</i> |
| <input type="checkbox"/> HOSTESS MINISTRY
<i>Greeting and Receiving Persons into the Fellowship</i> | |



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MEMBERSHIP PROFILE QUESTIONNAIRE

Photo Taken Date: _____
Photo Emailed Date: _____

	HEAD OF HOUSEHOLD	SPOUSE
Title: <i>(Circle One)</i>	Mr. Mrs. Ms. Dr. Rev Other	Mr. Mrs. Ms. Dr. Rev Other
Name: (First, Middle or Maiden, Last)		
Sex: <i>(Check one)</i>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Birthday: <i>(yr. optional)</i>	Date: / /	Date: / /
Preferred or Nickname		
Address:		
City, State/ Zip:		
2nd or Vacation Address from ____ to ____		
Address:		
City, State / Zip:		
Home Phone:	() - <input type="checkbox"/> <i>check if unlisted</i>	() -
Work Phone:	() -	() -
Fax:	() -	() -
Pager:	() -	() -
Cellular:	() -	() -
Marital Status:		
Anniversary Date:	Date: / /	Date: / /
Occupation:		
Employer:		
Member Status:		
Church Background		
Sunday School Class		
Baptized:	___Yes ___No Date: / /	___Yes ___No Date: / /

Personal Comments _____

CHILDREN

Name: (First, Middle or Maiden, Last)	Birth date	Grade	Baptized	Class
	Date: / /		___ Yes ___ No Date: / /	
	Date: / /		___ Yes ___ No Date: / /	
	Date: / /		___ Yes ___ No Date: / /	
	Date: / /		___ Yes ___ No Date: / /	
	Date: / /		___ Yes ___ No Date: / /	

SKILLS & TALENTS
Please check all that apply.

- | | | |
|----------------------|-----------------------|--------------------|
| _____ Acting | _____ Gardening | _____ Teaching |
| _____ Administration | _____ Guitarist | _____ Truck Driver |
| _____ Artist | _____ Handicrafts | _____ Typing |
| _____ Care giver | _____ Handy Man | _____ Writing |
| _____ Carpentry | _____ Music | |
| _____ Computer | _____ Photography | |
| _____ Cooking | _____ Pianist | |
| _____ Dancing | _____ Plumbing | |
| _____ Design | _____ Public Speaking | |
| _____ Electrical | _____ Singing | |

CHURCH ACTIVITIES
Please check all that apply.

- | | | |
|------------------------------|-----------------------------|--|
| _____ Bible Reader (lectern) | _____ Money Counter | _____ Tract Distribution |
| _____ Bus Driver | _____ Nursery | _____ Usher (<i>Male</i>) or Hostess (<i>Female</i>) |
| _____ Choir | _____ Office Volunteer | _____ Typing |
| _____ Convalescent home | _____ Pianist / Organist | _____ Writing |
| _____ Deacon | _____ Prayer Warrior | |
| _____ Flower Arrangement | _____ Pro-Life Supporter | |
| _____ Maintenance | _____ Sunday School Teacher | |

SPIRITUAL GIFTS
Please check all that apply.

- | | |
|----------------------|----------------|
| _____ Administration | _____ Giving |
| _____ Encouragement | _____ Mercy |
| _____ Evangelism | _____ Prophecy |
| _____ Exhortation | _____ Teaching |



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SHAPE PROFILE

1. What do you consider as your Spiritual Gifts?

2. Where do you consider your "Heart" to be or strongest desire to be Ministerially?

3 Define your abilities, educationally and spiritually, that make you qualified for this area of minstry.

4. How does your personality make you God's choice for this area of ministry?

5. Explain your personal and spiritual experiences that let you know this area of ministry is the one for you.
