

Ministry Application for CM

General Information

Name: _____
Last First Middle

Who do people know you as (if different than above)? _____

Address: _____ Apartment: _____

City: _____ State: _____ Zip Code: _____

Neighborhood: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Date of Birth: _____

Marital Status: single married remarried divorced widowed

Occupation: _____

Ethnicity: African American Asian Caucasian Hispanic Other: _____

1. How long have you attended ACAC? _____
(please specify weeks / months / years)

2. Do you regularly attend ACAC two or more services per month? O yes O no

3. Are you a member at ACAC? O yes O no

4. If not, are you willing to take the "Understanding Your Church" membership class? O yes O no

5. When are you available to serve? *(circle all that apply)*

Saturday: 7:30 pm Sunday: 8:30 am 10:00 am 11:30 am

Kids' Club: Tuesday 6:55 pm or Wednesday 6:55 pm

6. Why do you want to serve in the Children's Ministry department? _____

7. In what capacity would you like to serve? Lead Teacher Helper Resource Center
Coordinator CM Info Center Other: _____

8. What are your spiritual gifts? *(circle all that apply)*

administration discernment exhortation faith giving helping
knowledge leadership mercy prophecy teaching wisdom

If you do not know would you be willing to take a gift assessment?

9. What special talents do you have? _____

BOTH sides MUST be completed before we can process!



