



Parklawn Assembly of God Church
Ministry Service Application

Completing this form will help us to understand how your gifts, skills and talents can be a blessing to serve others. And, we are excited about helping you to find a match to a ministry as a Volunteer Servant here at Parklawn.

Personal Information

Name

Address

Phone

Email _____

Gender [] Male [] Female

Age: Please, place a checkmark in the appropriate box.

[] 18-21 [] 22-34 [] 35-44 [] 45-54 [] 55-64 [] 65-74 [] 75-84 [] 85 and over

Please, identify any Area of Interest(s)

- [] Altar Workers [] AME Ministry (Accessible Ministry: Special Needs [] Baptism Committee [] Children's Ministry [] Christian Education [] Connections Follow-up [] Finance Team [] First Impressions Ministry [] Life Groups Ministry [] Linked Generation [] Marriage Enrichment Ministry [] Media Team [] Men's Ministry [] Park Cafe [] Prayer Ministry [] Senior Saints [] Service Coordinators [] Shield of Faith Ministry (Security) [] Stephens Ministry [] The Sisterhood [] Women's Ministry [] Worship and Fine Arts Ministry [] Youth Ministry

Skills and Abilities

In the space below, please, summarize your talents, natural gifts and skills that you would like for us to consider.

Relationship with Churches

- 1. Do you regularly attend Parklawn? [] Yes [] No
2. Are you currently a member of Parklawn? [] Yes [] No
-If yes, approximately how long have you attended our church? _____

-Please, list any present or past ministries that you have served in.

3. Do you attend or are you a member of another church? Yes No
4. Have you accepted Jesus as your Lord and Savior? Yes No
If Yes, approximately when? _____

Spiritual Gifts

Please, identify any of your Spiritual Gifts:

- | | | | |
|--|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Creative Ability | <input type="checkbox"/> Discernment | <input type="checkbox"/> Evangelism |
| <input type="checkbox"/> Exhortation | <input type="checkbox"/> Faith | <input type="checkbox"/> Giving | <input type="checkbox"/> Healing |
| <input type="checkbox"/> Helps | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Intercession | <input type="checkbox"/> Leadership |
| <input type="checkbox"/> Work of Knowledge | <input type="checkbox"/> Mercy | <input type="checkbox"/> Miracles | <input type="checkbox"/> Prophecy |
| <input type="checkbox"/> Pastor/Shepherd | <input type="checkbox"/> Serving | <input type="checkbox"/> Teaching | <input type="checkbox"/> Tongues |
| <input type="checkbox"/> Wisdom | <input type="checkbox"/> Not Sure/Don't Know | | |

Agreement (Please place a *Check*.)

I will do my best to maintain a godly lifestyle that honors the Lord and represent the Church well by

adhering to the Mission of Parklawn Assembly of God Church provided below:

Parklawn exists to bring LIGHT to the world. By fulfilling the great commission we give LIFE and by fulfilling the great commandment we demonstrate LOVE.

Signature and Date

I give my permission to Parklawn Assembly of God to process a Background Information Disclosure (BID) as a part of the process in order to become a volunteer servant. **Please complete the BID form also located on this website, www.parklawn.org.**

I certify that the information I have provided on this form is true and correct to the best of my knowledge.

Print Name

Signature

Date _____

Return of Form

Thank you for completing this form. Please submit it by one of the methods provided below:

1. Email to: ngaines@parklawnag.org

or,

2.

Mail to: Norma Gaines - Administration
Parklawn Assembly of God Church
3725 N Sherman Blvd.
Milwaukee, WI 53216

**Thank you for completing this application. It will be forwarded to the appropriate
Ministry.**

Final Draft: 05/24/2019