

LIVING PRAISE CHRISTIAN CHURCH



VOLUNTEER APPLICATION

_____ *Ministry Applying For*

PERSONAL INFORMATION: (Please Print Clearly)

Name: _____
Home Phone: _____ Cell: _____
E-mail address: _____
Address: _____
City State Zip

Birthdate: _____ () Male () Female
Marital Status: () Single () Divorced () Separated () Married

Occupation: _____

QUESTIONNAIRE:

1. Are you Born Again? () YES () NO
2. Have you been baptized (immersed) in water since you accepted Jesus Christ? () YES () NO
3. Are you willing to attend church services on a regular basis? () YES () NO
4. Are you currently involved in any ministries outside of Living Praise Christian Center? () YES () NO

If yes, please list _____

5. Have you completed the new member's class? () YES () NO
6. What type of ministry gifts do you possess? _____
7. What type of ministry work do you prefer? (Choose no more than two from the LPCC PMT department list provided). _____
8. What type of ministry work do you **NOT** prefer? _____
9. Is there any medical or physical reason that would prohibit you from performing certain task? If yes explain

10. Would you be able to regularly attend department meetings? () YES () NO

QUALIFICATIONS TO RESPONSIBILITIES (REQUIRED OF A VOLUNTEER)

In order to participate in any of the Partner In Ministry Team at Living Praise Christian Center the following requirements must be met:

- You must possess the temperament and capability for performing the duties established in the particular area of Partner In Ministry Team that you are applying for.
- You must attend church services on a regular basis. (min. 3 months)
- You must attend the majority of schedule meetings established for the Partners Ministry Team.
- Be in agreement with the teaching and ministry of LPCC.
- Accept the authority of Pastor Fred L. Hodge and the appointed ministry leadership.

PMT DEPARTMENTS

Altar Ministry	Audio/Production Department
Children's Ministry (Promise Land)	Cyber Church (Live Streaming)
Drama Ministry (Expressions)	Greeter/Hospitality Department
Graphics Department	Health Ministry
Media/Video Ministry	Missions/Outreach Department
Music Department	Personal Workers
Praise Dance Ministry	Prayer Ministry
Resource Center	Safety & Security Department
Sign Language Department	Usher Department
Youth Department (Rock Now)	

After completing the entire application, please sign and date the statement below.

I have read and answered all the questions, and information provided. I understand that any false answer on my part in this application or within my verbal interview will be grounds for my not serving in any of the ministry of help at Living Praise Christian Center. Furthermore, I understand that this is a volunteer position and I submit my service unto the Lord. If desired, you need to terminate this registration within 30 days of signing.

Signature of Member*: _____ **Date:** _____

Parent Signature: _____ **Date:** _____
(If applicant is a minor)

*For all Children's Ministry Workers

Will you be willing to consent to a criminal background check? () Yes () No

(If not, you do not qualify to work as a children's worker. You will not be permitted to serve in the Children's Ministry.)

For Membership Services Use Only:

Date Application Received: _____

New Members Class Complete Date: _____

Date Application Closed and Filed: _____

For PMT Coordinator Only:

NW Orientation Complete Date: _____

Department Team Member 30-days? _____

Portal Passwords Given (PMT & Dept): _____

Date Application Returned to MS: _____