

MINISTRY WORKERS INFO. SHEET

PLEASE PRINT CLEARLY

Name	Date of Birth - -	Social Security No. - -		Application Date - -
Current Address	City	State	Zip	Home Phone () -
Relative/Friend in ATM.....with Phone#	Beeper or Pager# () -	Cellular Phone# () -		Work Phone () -

MINISTRY APPLYING FOR, AND CURRENT / PREVIOUS MINISTRY INVOLVEMENT

Ministry / Department	Computer Code	Started	Ended	Termination Reason
1.		- -	- -	
2.		- -	- -	
3.		- -	- -	
4.		- -	- -	
5.		- -	- -	
6.		- -	- -	
7.		- -	- -	

SKILLS, HOBBIES, OR QUALIFICATIONS PERTINENT TO THE AREA OF SERVICE APPLIED FOR

1.
2.
3.
4.
5.
6.
7.

CERTIFICATION

In consideration of my ministry involvement, I agree to the governing rules and regulations of the Abiding Truth Ministries Church, it's Pastor and ministerial authorities. It is my deliberate intent to faithfully discharge all responsibilities and duties that will be assigned to me by the defining characteristics of the ministry in which I serve.

Affixing my signature below validates this process.

Signature of Applicant _____ Date - - _____