



**Helps Ministry Application**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone (Home) \_\_\_\_\_ (cell) \_\_\_\_\_ (other) \_\_\_\_\_

When is the best time to reach you? \_\_\_\_\_ Which #? \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Do you have children? If so, please list names & ages:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

In which areas would you prefer to volunteer? (Please check all that apply.)

Where Most Needed	<input type="checkbox"/>	Greeter	<input type="checkbox"/>
Altar Care	<input type="checkbox"/>	Usher	<input type="checkbox"/>
Youth	<input type="checkbox"/>	Music	<input type="checkbox"/>
Children	<input type="checkbox"/>	Office Assistance	<input type="checkbox"/>
Nursery	<input type="checkbox"/>	Sound	<input type="checkbox"/>
Housekeeping	<input type="checkbox"/>	Other	<input type="checkbox"/> _____

Signature \_\_\_\_\_ Date \_\_\_\_\_

*We appreciate your interest in the Helps Ministry at FBFC.  
We will contact you after reviewing your application.*