



Vision In Action Ministry Application

Name _____ Date _____
Address _____
Home Phone _____ Work _____ Cell _____
Email _____
Birth date _____ Membership Date _____
Occupation _____ Employer _____
Years of Work Experience _____

Education

Graduation Date _____ Institution _____ Major/Specialization _____

Education Level

- H.S. Diploma Technical Diploma Associates Degree Non-Degree Program
 Bachelors Masters Doctorate Other
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Check area(s) of Vision in Action Ministry Teams for which you are currently working or are interested in joining:

- | | |
|---|--|
| <input type="checkbox"/> Audio/Visual/Production Team | <input type="checkbox"/> Mission Work |
| <input type="checkbox"/> Children's Church Ministry | <input type="checkbox"/> Music Ministry |
| <input type="checkbox"/> Communications Team | <input type="checkbox"/> Prayer Warriors |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Project Conqueror |
| <input type="checkbox"/> Greeter/Usher | <input type="checkbox"/> Saturday School |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Singles Ministry |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Teen Ministry |
| <input type="checkbox"/> Men's Ministry | <input type="checkbox"/> Women's Ministry |
| <input type="checkbox"/> Other _____ | |
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