

# Word of Deliverance Family Life Church

## Excellence Ministry Team Application

Date\_\_\_\_\_

Name\_\_\_\_\_

Address \_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Home Phone (    )\_\_\_\_\_ Work Phone (    )\_\_\_\_\_ Cellular (    )\_\_\_\_\_

Age \_\_\_\_ Marital Status \_\_\_\_ Membership Date\_\_\_\_\_ Email Address:\_\_\_\_\_

Which location do you normally attend? Shreveport \_\_\_\_ Bossier City \_\_\_\_

Occupation\_\_\_\_\_ Part Time \_\_\_\_ Full Time \_\_\_\_ Temporary \_\_\_\_

Is your secular job one that could bring reproach (dishonor) to the Ministry? Yes \_\_\_\_ No \_\_\_\_

Area(s) of Excellence Ministry Teams for which you are applying (3 maximum) **Please Check**

- |                              |                                  |
|------------------------------|----------------------------------|
| 1. Altar Worker              | 8. Children's Ministry           |
| 2. Audio Worker              | 9. Music Ministry                |
| 3. Parking Lot Attendant     | 10. Jail/Prison                  |
| 4. Food/Ministry of Kindness | 11. Nursery* (infant to 3 years) |
| 5. Greeter                   | 12. Praise Dance                 |
| 6. Adjutant                  | 13. Transportation               |
| 7. Intercessory Prayer       | 14. Janitorial Ministry          |

\*Membership assessment must be completed in order to finish the application process.

Are you currently enrolled in or have you ever participated in a drug or alcohol rehabilitation program?  
Yes \_\_\_\_ No \_\_\_\_

1. Have You Completed Pathway-Kingdom Connection Class. Yes \_\_\_\_ No \_\_\_\_

2. Been a faithful tither for at least six months to WODFLC. Yes \_\_\_\_ No \_\_\_\_

3. Regular weekly attendance of one (3) Sundays and one (3) weekly service. Yes \_\_\_\_ No \_\_\_\_

4. Victory in manifestation for six (6) months in the areas of smoking, drinking, narcotics, and illicit sex.  
Yes \_\_\_\_ No \_\_\_\_

5. Filled with the Holy Spirit with the evidence of speaking in tongues. Yes \_\_\_\_ No \_\_\_\_

To participate you must be living a lifestyle that is consistent with Christian principles, Pastor Nard's vision, and the rules and regulations governing the Helps Ministries.

Approval Signature:

Signed:\_\_\_\_\_ Date:\_\_\_\_\_

Signed:\_\_\_\_\_ Date:\_\_\_\_\_ (Administration)