



**INSTRUCTIONS**  
for 2014 Application

Please print ALL information  
CLEARLY

1) Complete front and back of  
the application



**APPLICATION STATUS**

NEW APPLICANT

**ANNUAL UPDATE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# LWCC ADULT HELPS MINISTRY APPLICATION

|  |  |   |  |              |
|--|--|---|--|--------------|
| <b>LAST NAME</b>   |  | <b>FIRST NAME</b>   |  | <b>M.I.</b>  |
| <b>STREET ADDRESS</b>  |  |   | <b>CITY</b>                                      | <b>STATE</b> |
| <b>HOME PHONE</b>  |  |   | <b>CELL/OTHER PHONE</b>                          |              |
| <b>DATE OF BIRTH</b>   |  |   |  |              |
| <b>EMAIL</b>   |  |   | <b>SOCIAL SECURITY NUMBER (LAST FOUR DIGITS)</b> |              |
| <b>GENDER</b><br>        |  | <b>SOCIAL STATUS</b><br>SINGLE <input type="radio"/> MARRIED <input type="radio"/> DIVORCED <input type="radio"/> WIDOWED <input type="radio"/> |  |              |
| <b>EMPLOYMENT STATUS</b><br>ENTREPRENEUR <input type="radio"/> EMPLOYED <input type="radio"/> UNEMPLOYED <input type="radio"/> STUDENT <input type="radio"/> RETIRED <input type="radio"/> |  |   |  |              |
| <small>(LIST TYPE OF OCCUPATION)</small>   |  |   |  |              |

If you believe the Lord has already given you direction on where to serve please list them below in order of preference: (Three choice maximum)

|           |           |           |
|-----------|-----------|-----------|
| <b>1.</b> | <b>2.</b> | <b>3.</b> |
|-----------|-----------|-----------|

Please respond to the following questions by checking the appropriate boxes and providing all dates if you are a new applicant.

Are you challenged with any of the following? If so how can we help you obtain your victory

|   | YES                      | NO                       | DATES |
|---|--------------------------|--------------------------|-------|
| Born Again?   | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Water baptized in Jesus' Name?  | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Spirit-filled?<br><small>(with the evidence of speaking in other tongues)</small> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Successfully completed<br>Foundation Classes?                                     | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Successfully completed Intercessory<br>Prayer Training Classes?                   | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Consistent tithing?   | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

|  | NO                       | YES                      |
|--|--------------------------|--------------------------|
| Drinking Alcohol   | <input type="checkbox"/> | <input type="checkbox"/> |
| Using Drugs  | <input type="checkbox"/> | <input type="checkbox"/> |
| Smoking (any form)   | <input type="checkbox"/> | <input type="checkbox"/> |
| Gambling   | <input type="checkbox"/> | <input type="checkbox"/> |
| Stealing   | <input type="checkbox"/> | <input type="checkbox"/> |
| Lying  | <input type="checkbox"/> | <input type="checkbox"/> |
| Gossiping  | <input type="checkbox"/> | <input type="checkbox"/> |
| Speaking against the<br>Pastor/Church  | <input type="checkbox"/> | <input type="checkbox"/> |
| Adultery   | <input type="checkbox"/> | <input type="checkbox"/> |
| Fornication  | <input type="checkbox"/> | <input type="checkbox"/> |
| Homosexuality  | <input type="checkbox"/> | <input type="checkbox"/> |
| Living with someone of the<br>opposite sex <small>(not a spouse or relative)</small> | <input type="checkbox"/> | <input type="checkbox"/> |

Please answer the following questions by checking the appropriate boxes along with a brief explanation.

- Are you living, in any way, that does not exemplify a life of holiness and purity, or could potentially bring shame or embarrassment to yourself or the ministry? NO  YES  \_\_\_\_\_
- Are you an active member or have you made any pledges or oaths to any organizations, groups or persons, such as Masons, Eastern Stars, astrology, fraternities/sororities, witchcraft or Satan worship, which would be inconsistent with the Bible and your commitment to Christ? NO  YES  \_\_\_\_\_
- Have you ever received financial assistance (benevolence) from LWCC? NO  YES  \_\_\_\_\_
- Are you presently leading an organized prayer group or Bible study at your home or any other place outside of LWCC? NO  YES  \_\_\_\_\_

**Please turn over and complete other side.**

**IMPORTANT: Please check EVERYTHING that applies to you in each of the areas below, then sign your name and the date at the bottom**

| <p><b>YOUR PERSONALITY:</b><br/>Check ONE box from each of the statements below that you believe best describes you</p> <ul style="list-style-type: none"> <li><i>I am more productive in a setting that's</i></li> </ul> <p><input type="checkbox"/> Structured</p> <p><input type="checkbox"/> Unstructured</p> <ul style="list-style-type: none"> <li><i>I am more productive when I'm working with</i></li> </ul> <p><input type="checkbox"/> People</p> <p><input type="checkbox"/> Tasks</p> | <p><b>YOUR GIFTS:</b><br/>Check your 5 top scoring gifts from your Gifts Assessment</p> <p><input type="checkbox"/> Administration (Efficiency)</p> <p><input type="checkbox"/> Apostleship (New Ministries)</p> <p><input type="checkbox"/> Craftsmanship (Skill)</p> <p><input type="checkbox"/> Creative Communication (Artistic Expression)</p> <p><input type="checkbox"/> Discernment (Clarity)</p> <p><input type="checkbox"/> Encouragement (Affirmation)</p> <p><input type="checkbox"/> Evangelism (The Good News)</p> <p><input type="checkbox"/> Faith (Confidence)</p> <p><input type="checkbox"/> Giving (Resources)</p> <p><input type="checkbox"/> Helps (Support)</p> <p><input type="checkbox"/> Hospitality (Acceptance)</p> <p><input type="checkbox"/> Intercession (Protection)</p> <p><input type="checkbox"/> Knowledge (Awareness)</p> <p><input type="checkbox"/> Leadership (Direction)</p> <p><input type="checkbox"/> Mercy (Care)</p> <p><input type="checkbox"/> Prophecy (Conviction)</p> <p><input type="checkbox"/> Shepherding (Nurture)</p> <p><input type="checkbox"/> Teaching (Application)</p> <p><input type="checkbox"/> Wisdom (Guidance)</p> | <p><b>YOUR PROFESSIONAL SKILLS:</b></p> <p><input type="checkbox"/> Accounting</p> <p><input type="checkbox"/> Advertising/Marketing</p> <p><input type="checkbox"/> Carpentry</p> <p><input type="checkbox"/> Construction Management</p> <p><input type="checkbox"/> Customer Service</p> <p><input type="checkbox"/> Drywall Installation</p> <p><input type="checkbox"/> Education</p> <p><input type="checkbox"/> Electrical</p> <p><input type="checkbox"/> Entrepreneurship</p> <p><input type="checkbox"/> Event Coordination</p> <p><input type="checkbox"/> Facility Maintenance</p> <p><input type="checkbox"/> Floor &amp; Carpet Care</p> <p><input type="checkbox"/> Food Service</p> <p><input type="checkbox"/> Foreign Language Translation</p> <p><input type="checkbox"/> Government</p> <p><input type="checkbox"/> Graphic Design</p> <p><input type="checkbox"/> Health Care/Medical</p> <p><input type="checkbox"/> HVAC</p> <p><input type="checkbox"/> Information Technology</p> <p><input type="checkbox"/> International Trade</p> <p><input type="checkbox"/> Law Enforcement</p> <p><input type="checkbox"/> Legal</p> <p><input type="checkbox"/> Manufacturing</p> <p><input type="checkbox"/> Mechanical Engineering</p> <p><input type="checkbox"/> Military</p> <p><input type="checkbox"/> Multimedia</p> <p><input type="checkbox"/> Office Administration</p> <p><input type="checkbox"/> Painting</p> <p><input type="checkbox"/> Pipe Fitting</p> <p><input type="checkbox"/> Plumbing</p> <p><input type="checkbox"/> Project Management</p> <p><input type="checkbox"/> Retail/Wholesale Trade</p> <p><input type="checkbox"/> Sales</p> <p><input type="checkbox"/> Secretarial</p> <p><input type="checkbox"/> Software Training</p> <p><input type="checkbox"/> Transportation</p> <p><input type="checkbox"/> Warehousing</p> <p><input type="checkbox"/> Writing</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> | <p><b>YOUR PERSONAL INTERESTS:</b></p> <p><input type="checkbox"/> Acting</p> <p><input type="checkbox"/> Children</p> <p><input type="checkbox"/> Comfort</p> <p><input type="checkbox"/> Community Relations</p> <p><input type="checkbox"/> Computer Technologies</p> <p><input type="checkbox"/> Customer Service</p> <p><input type="checkbox"/> Dancing</p> <p><input type="checkbox"/> Education</p> <p><input type="checkbox"/> Evangelism</p> <p><input type="checkbox"/> Exercise/Fitness</p> <p><input type="checkbox"/> Health/Nutrition</p> <p><input type="checkbox"/> Hospitality</p> <p><input type="checkbox"/> Housekeeping</p> <p><input type="checkbox"/> Marketing</p> <p><input type="checkbox"/> Marriage</p> <p><input type="checkbox"/> Missions</p> <p><input type="checkbox"/> Music – Instrument/Singing</p> <p><input type="checkbox"/> Office Administration</p> <p><input type="checkbox"/> Prayer/Intercession</p> <p><input type="checkbox"/> Recreation/Sports</p> <p><input type="checkbox"/> Sales</p> <p><input type="checkbox"/> Security</p> <p><input type="checkbox"/> Sewing</p> <p><input type="checkbox"/> Traffic Control</p> <p><input type="checkbox"/> Translation</p> <p><input type="checkbox"/> Ushering</p> <p><input type="checkbox"/> Video Technologies</p> <p><input type="checkbox"/> Weddings</p> <p><input type="checkbox"/> Writing</p> <p><input type="checkbox"/> Youth</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p>Please use blank lines to write in anything that isn't on these lists</p> |
|--|--|---|--|
| <p><b>YOUR AVAILABILITY:</b></p>   |  |   |  |
| <p>SUNDAY</p>  |  |   |  |
| <p>MONDAY</p>  |  |   |  |
| <p>TUESDAY</p>   |  |   |  |
| <p>WEDNESDAY</p>   |  |   |  |
| <p>THURSDAY</p>  |  |   |  |
| <p>FRIDAY</p>  |  |   |  |
| <p>SATURDAY</p>  |  |   |  |

**YOUR PASSION:** Please tell us what it is that you would be doing if money wasn't an issue and the sky was the limit.

**I am most passionate about** \_\_\_\_\_

\_\_\_\_\_

We assure you, the information you provide on this form will be released with discretion and on an as needed basis only.