



INSTRUCTIONS

- 1) Please **PRINT ALL** information **CLEARLY**
- 2) Please complete **both sides** of this application
- 3) Sign and date this application

OWCM SERVANT/LEADER APPLICATION

LAST NAME		FIRST NAME		M.I.
STREET ADDRESS		CITY	STATE	ZIP
HOME PHONE		WORK PHONE	CELL/OTHER PHONE	
EMAIL ADDRESS		I WOULD YOU LIKE TO RECEIVE PERIODIC MESSAGES FROM THE MINISTRY: (CHECK ALL THAT APPLY) TEXT <input type="checkbox"/> EMAIL <input type="checkbox"/> NONE <input type="checkbox"/>		
APPLICATION STATUS NEW APPLICANT <input type="checkbox"/> ANNUAL UPDATE <input type="checkbox"/>	GENDER  <input type="checkbox"/>  <input type="checkbox"/>	SOCIAL STATUS SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/>		
	AGE RANGE <input type="checkbox"/> <input type="checkbox"/>	18-21 <input type="checkbox"/> 22-25 <input type="checkbox"/> 26-30 <input type="checkbox"/> 31-35 <input type="checkbox"/> 36-45 <input type="checkbox"/> 46-55 <input type="checkbox"/> 56-65 <input type="checkbox"/> OVER 65 <input type="checkbox"/>		

EMPLOYMENT STATUS
 ENTREPRENEUR (list type of business) EMPLOYED (list current occupation) UNEMPLOYED STUDENT RETIRED

Please list the department(s) in which you currently serve, or for which you are applying: (Three choices maximum)

1.	2.	3.
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Please respond to the following questions by checking the appropriate boxes and providing all dates:

	YES (OWCM)	YES (Other church)	NO	DATES
Born Again?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Water baptized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spirit-filled (with evidence of speaking in other tongues)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Successfully completed New Members Class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Consistent Tither? (last six months)	<input type="checkbox"/>	<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? Yes No _____
- 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? Yes No _____
- Are you presently leading an organized prayer group or Bible study at your home or any other place outside of OWCM? Yes No _____
- How long have you been a member of OWCM? _____

IMPORTANT: Please complete the following section and then sign your name and the date at bottom of page.

<p>PRODUCTIVITY STYLE: Check ONE box from each of the statements below that you believe best describes you.</p> <ul style="list-style-type: none"> • I am more productive in a setting that is: <ul style="list-style-type: none"> <input type="checkbox"/> Structured <input type="checkbox"/> Unstructured • I am more productive when working with: <ul style="list-style-type: none"> <input type="checkbox"/> People <input type="checkbox"/> Tasks 	<p>YOUR GIFTS: On a scale of 1 to 5, rate your top 5 gifts (from your Gifts Assessment).</p> <ul style="list-style-type: none"> • Administration_____ • Apostleship_____ • Craftsmanship_____ • Discernment_____ • Evangelist_____ • Exhortation_____ • Faith_____ • Giving_____ • Healing_____ • Helps_____ • Hospitality_____ • Intercession_____ • Knowledge_____ • Leadership_____ • Mercy_____ • Miracles_____ • Missionary_____ • Music_____ • Pastor/Shepherd_____ • Prophecy_____ • Service_____ • Teaching_____ • Tongues_____ (and Interpretation) • Wisdom_____ 	<p>PROFESSIONAL SKILLS: Circle EACH skill that applies to you.</p> <ul style="list-style-type: none"> • Accounting • Advertising/Marketing • Carpentry • Construction Management • Customer Service • Drywall Installation • Education • Electrical • Entrepreneurship • Event Coordination • Facility Maintenance • Floor & Carpet Care • Food Service • Foreign Language Translation • Government • Graphic Design • HVAC • Health Care/Medical • Information Technology • International Trade • Law Enforcement • Legal • Manufacturing • Mechanical Engineering • Military • Multimedia • Office Administration • Painting • Pipe Fitting • Plumbing • Project Management • Retail/Wholesale Trade • Sales • Secretarial • Software Training • Transportation • Warehousing • Writing • _____ 	<p>PERSONAL INTERESTS: Circle EACH interest that applies to you.</p> <ul style="list-style-type: none"> • Acting • Children • Comfort • Community Relations • Computer Technologies • Customer Service • Dancing • Education • Evangelism • Exercise/Fitness • Health/Nutrition • Hospitality • Housekeeping • Marketing • Marriage • Missions • Music: Instrument/Singing • Office Administration • Prayer/Intercession • Recreation/Sports • Sales • Security • Sewing • Traffic Control • Translation • Ushering • Video Technologies • Weddings • Writing • Youth • _____ • _____ • _____ <p>Please use blank lines to write in anything that isn't on these lists.</p>
<p>YOUR AVAILABILITY:</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 _____

Office Use Only

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

Signature

Date