

CONTACT INFO

Full Name: _____

Phone #: _____ Email: _____

NEW LIFE CHURCH CONNECTION

Member of New Life Church? Yes No If "yes," what is your membership number? _____

Number of Years at New Life: _____ History of Service at New Life: _____

MINISTRY SPECIFICS

What ministries are you *most* interested in?

- | | | |
|--|---|---|
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Married Couples (M.A.L.I.) | <input type="checkbox"/> Barber Shop Beauty Salon |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Small Groups | <input type="checkbox"/> Clothing Store (Garments of Grace) |
| <input type="checkbox"/> Communion Prep | <input type="checkbox"/> Teaching Resources | <input type="checkbox"/> Food Services (Hot Meals Service) |
| <input type="checkbox"/> Coffee Bar Prep | <input type="checkbox"/> Agape Athletics (various sports) | <input type="checkbox"/> Overcomers Addictive Behavior |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Entrepreneurship | <input type="checkbox"/> Evangelism |
| <input type="checkbox"/> Discipleship Classes | <input type="checkbox"/> Veterans | <input type="checkbox"/> International Missions |
| <input type="checkbox"/> Discover New Life (New Members) | <input type="checkbox"/> Seniors (55+ Jewels) | <input type="checkbox"/> Prison |
| <input type="checkbox"/> Baby Village / Toddler Town | <input type="checkbox"/> Pastoral Visitation | <input type="checkbox"/> Our Journey of Hope |
| <input type="checkbox"/> Kidz Citi | <input type="checkbox"/> Comforters | <input type="checkbox"/> Music |
| <input type="checkbox"/> Middle or High School | <input type="checkbox"/> Biblical Lay Counseling | <input type="checkbox"/> Liturgical Dance |
| <input type="checkbox"/> Student Education Support | <input type="checkbox"/> Social Services | <input type="checkbox"/> Theatrical |
| <input type="checkbox"/> Young Adults (INFUSE) | <input type="checkbox"/> PATH G.E.D. | <input type="checkbox"/> Intercessory Prayer |
| <input type="checkbox"/> Parenting | <input type="checkbox"/> New Direction Mentoring | <input type="checkbox"/> Multimedia |
| <input type="checkbox"/> Men's Women's Singles' | <input type="checkbox"/> Seeker's Fellowship | |

Have you completed the New Life Spiritual Gifts Assessments? Yes No

Are you willing to commit the time needed to serve as a leader? Yes No

Are you willing to attend SALT meetings as scheduled? Yes No

