



Saints Of Value **Ministries**

Ministry of Helps Application

PLEASE PRINT:

Name: _____ Birth Date: _____

Address _____

City _____ State _____ Zip _____

Home Phone() _____ Work () _____

E-mail _____ Website _____

Home Church _____ Pastor _____

Church Address _____ City _____ Zip _____

Best time to call for appointment? _____ A.M. _____ P.M.

Are You Saved? _____ Year Saved? _____

How do you know you are called to Ministry of Helps? _____

Why do you want to be Ministry of Helps? _____

How do you see yourself as a Ministry of Helps? _____

Comments: _____

Will you notify your pastor by letter announcing your Ministry of Helps Ceremony at S.O.V. Ministries. _____ Do you have any problems with that? If so What? _____

Signature: _____ Date: _____

Please Submit (2) Pictures Upon Return of This Application
A \$50.00 Donation
We Thank You!

OFFICE USE BELOW

Credentialing Procedure Statement on File _____

Ministry of Helps date service effective : _____

Approved By:

Staff Minister Date

Staff Minister Date

Staff Minister Date

