

Today's Date: _____

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Email _____

Marital Status Single Married Divorced Widowed Name of Spouse _____

Occupation _____

Do you have children living at home? Yes No

Children's name(s) and birth date(s) (currently living at home): _____

1. How long have you attended Grace Crossing Church? _____

2. What (who) brought you to Grace Crossing Church? _____

3. What do you like best about Grace Crossing Church? _____

4. Have you made a personal decision to follow Jesus Christ? YES NO

Please briefly describe this experience: _____

5. Were you previously a member of another church? YES NO

If yes, name of church, city, state, pastor's name and phone: _____

6. List any areas of ministry experience (volunteer service) you've had within a previous local church. _____

7. Have you been baptized in water following your decision to serve Christ (*Matthew 28:19*)? YES NO

8. Are you willing to promote unity and harmony within the Body of Christ (*Eph. 4:3-6*)? YES NO

9. Are you willing to financially support Grace Crossing Church according to your ability (*2 Cor. 8:7-12*)? YES NO

10. As an ambassador of the Lord Jesus Christ and partner of Grace Crossing Church, will you conduct your life in a manner consistent with God's Word? Will you strive to avoid preoccupation with pleasures, positions, and passions that lessens one's affection for spiritual things? YES NO

11. Have you completed *Starting Point*, GCC's Spiritual Discovery Course? YES NO

12. Describe a current or potential ministry to which you would be willing to make a deep, lasting commitment. _____

My signature below acknowledges that I am officially making application for partnership with Grace Crossing Church. In accordance with the official bylaws of Grace Crossing Church, I understand that members are referred to as partners and the membership as partnership. A complete copy of the GCC bylaws is available upon request.

Signature of Applicant: _____ Date: _____

I'D BE INTERESTED IN MORE INFORMATION ABOUT SERVING IN THE FOLLOWING AREA(S):

Ignite Children's Ministry

- Sparks (Ages Newborn-2)
- Glimmers (Ages 2-5)
- The Fuze (Ages 5-12)
- Security Team

Pulse Student Ministry

- Jr. High
- Sr. High

Velocity Young Adult Ministry

- Community Group

Women's Ministry

- Meals To Heal
- Special Events
- Kitchen Team
- Decorating Team

Men's Ministry

- Maintenance Team

Connections Ministry

- Community Group Leader
- Community Group Host
- Ushers Team
- Café Team
- Greeters Team

Prayer Ministry

- Sunday AM Prayer
- Prayer Chain

Worship Arts Ministry

- Music Arts Team
- Technical Arts Team
- Media Arts Team
- Graphic Arts Team
- Drama Arts Team
- Communion Team

Admin Support

- IT Support
- Office Support

World Impact

- Community Service
- Missions Trips