



We want to know where you would like to serve.  
Getting to know you

Thank you for your interest in serving in a ministry with Fountain of Faith. We are entering a new year of ministry and we have many opportunities for people to serve. Please complete this survey and return to the church office. We want you to get "plugged in to ministry."

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Age:             18-23             24-35             36-45             46-55             56-65             65+

Status:         Single             Single Parent             Married             Widowed             Divorced

DOB: Month/Day \_\_\_\_\_ Wedding Anniversary Date (if applicable): \_\_\_\_\_

How many years have you attended Fountain of Faith? \_\_\_\_\_ Are you a member?  No  Yes

Are you part of a ministry?     No  Yes    if Yes, Which ministry? \_\_\_\_\_

Are you on Facebook?         No  Yes    if yes, do you follow Fountain of Faith?  No  Yes

Do you have children under 17?  No  Yes    if, yes children's ages: \_\_\_\_\_

*Use the back for additional space*

**WHERE WOULD YOU LIKE TO SERVE? (Choose all that apply)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Children/Nursery       | <input type="checkbox"/> Anywhere, I can help             | <input type="checkbox"/> Communication/Organization |
| <input type="checkbox"/> Outreach               | <input type="checkbox"/> Special Event Planning/Setup     | <input type="checkbox"/> Prayer Team                |
| <input type="checkbox"/> Teaching/Bible Studies | <input type="checkbox"/> Mentoring Program/Youth Ministry | <input type="checkbox"/> Summer Day Camp            |
| <input type="checkbox"/> Afterschool Program    | <input type="checkbox"/> Health and Wellness              | <input type="checkbox"/> Financial Planning         |

**WHAT DAYS/TIMES ARE YOU TYPICALLY AVAILABLE TO SERVE? (Choose all that apply)**

- |   |   |  |
|---|---|--|
| Sunday <input type="checkbox"/> AM <input type="checkbox"/> PM  | Wednesday <input type="checkbox"/> AM <input type="checkbox"/> PM | Saturday <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Monday <input type="checkbox"/> AM <input type="checkbox"/> PM  | Thursday <input type="checkbox"/> AM <input type="checkbox"/> PM  |  |
| Tuesday <input type="checkbox"/> AM <input type="checkbox"/> PM | Friday <input type="checkbox"/> AM <input type="checkbox"/> PM    |  |

**I HAVE THE FOLLOWING SKILLS TO OFFER TO FOUNTAIN OF FAITH: (Choose all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Public Speaking                     | <input type="checkbox"/> Photography            |
| <input type="checkbox"/> Another language if so, what: _____ | <input type="checkbox"/> Videography            |
| <input type="checkbox"/> Community Outreach                  | <input type="checkbox"/> Crafty/Creative DIY    |
| <input type="checkbox"/> Decorating                          | <input type="checkbox"/> Drama                  |
| <input type="checkbox"/> Food/Cooking                        | <input type="checkbox"/> Mentoring/Discipleship |
| <input type="checkbox"/> Prayer                              | <input type="checkbox"/> Teaching/Table Leader  |
| <input type="checkbox"/> Graphic Design                      | <input type="checkbox"/> Writing                |
| <input type="checkbox"/> Computer Skills                     | <input type="checkbox"/> Bible Study            |
| <input type="checkbox"/> Music/Singing Talent                | <input type="checkbox"/> Other: _____           |

~~Back Page~~ **Additional Information you would like to share with us?**