

LifeSprings Dance Ministry Application Form

Name: _____ Date: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ E-mail: _____

Fax: (_____) _____ DOB: _____ Gender: _____

Occupation: _____ Work Phone: (_____) _____

Spouse's Name: _____

Children's Names/Ages:

Why do you want to join the dance ministry?

Does your family support your desire to join the dance ministry?

Spiritual Background Information:

How long have you been attending LifeSprings Christian Church? _____ Wk/Mon/Yrs

Which services do you attend regularly? _____

Have you accepted Jesus as your personal Savior and Lord? [] Yes [] No

Are you Baptized? [] Yes [] No Do you tithe? [] Yes [] No

Have you received the baptism of the Holy Spirit? [] Yes [] No

Do you participate in any other ministries or programs? [] Yes [] No

If yes, briefly describe the programs and your level of involvement.

