

**LIVING FAITH ASSEMBLY OF GOD**  
5500 E. Sligh Ave.  
Tampa, FL 33617  
Rev. Eugene Davis Jr. – Sr. Pastor



**NEW MEMBER APPLICATION**

*Having personally experienced the new birth through faith in the atoning blood of the Lord Jesus Christ, and being in agreement with the doctrines of the church, and desiring to be associated with those of like precious faith in fellowship, I hereby apply for membership.*

Mr.  
Mrs.  
Miss. \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Circle One: Married      Divorced      Widow/Widower      Separated      Single

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell  
Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date Converted: \_\_\_\_\_ Baptized in Water?  
\_\_\_\_\_

Where? \_\_\_\_\_ Baptized in the Holy Spirit? \_\_\_\_\_ Where? \_\_\_\_\_

Education: \_\_\_\_\_

Trade School(s): \_\_\_\_\_

Study Discipline: \_\_\_\_\_

Training Certificate: \_\_\_\_\_

Proficiency: (i.e. Skills) \_\_\_\_\_

Bible School (Attended): \_\_\_\_\_

Business Owned: \_\_\_\_\_

Hobby(s): \_\_\_\_\_

Past Ministry(s): \_\_\_\_\_

\_\_\_\_\_

Pres Ministry(s) \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

Previous Church membership or affiliation:

\_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

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**Spousal Information Section (If applicable)**

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Wedding Anniversary Date: \_\_\_\_\_

Full Name (First, Middle, Last): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Birth date: \_\_\_\_\_

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**Children Information Section (If applicable)**

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Full Name (First, Middle, Last): \_\_\_\_\_

Birth date: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Birth date: \_\_\_\_\_ Attends LFAOG: Yes \_\_\_  
No \_\_\_

Full Name (First, Middle, Last): \_\_\_\_\_

Birth date: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Birth date: \_\_\_\_\_ Attends LFAOG: Yes \_\_\_  
No \_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

It is our desire at LFAG to maintain the highest standards of integrity in ministry. This includes effective placement of volunteers in proper positions of responsibility. It is often difficult for us, as a church, to get acquainted with people as quickly as possible. To help us help you find a position of ministry, please provide us with the reference information requested on pages #3 & 4. Your kind cooperation and support are appreciated as we seek God's direction together.

### REFERENCE INFORMATION

Please provide the name, address and telephone number of one person on staff of your previous church who can comment about your perspective and experience in previous church involvement (if any); and one person (non-relative) who can serve as a personal reference.

**Church Reference:**

Church Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Contact Name/Position: \_\_\_\_\_

**Personal Reference:**

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

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

Have you ever been convicted of a felony? Yes                      No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a crime involving fraud or dishonesty? Yes                      No

Are you currently on probation? Yes                      No

If yes, probation officer's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever been arrested, charged or convicted of any crimes involving child abuse or molestation? Yes

No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

I affirm that the information on this form is true and I sincerely desire to use my God given gifts for ministry opportunities at Living Faith Assembly of God. I release this information to be used in consideration by leadership of LFAG.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PLACEMENT POSSIBILITIES**

It is our desire to seek God’s will in the placement of people in the various ministries of the church. Please be in prayer with us as we endeavor to place you in a position of ministry that suits you best.

To help provide opportunities for a meaningful ministry through our church please check areas in which you have experience or interest in serving.

Check all areas where you have experience or would be willing to serve:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Children’s Church | <input type="checkbox"/> Sunday School      | <input type="checkbox"/> Nursery        |
| <input type="checkbox"/> Ushering/Greeters | <input type="checkbox"/> Praise Team        | <input type="checkbox"/> Van Ministry   |
| <input type="checkbox"/> Visitation        | <input type="checkbox"/> Outreach           | <input type="checkbox"/> Girls Ministry |
| <input type="checkbox"/> Boys Ministry     | <input type="checkbox"/> Instrumental Music | <input type="checkbox"/> Culinary       |
| <input type="checkbox"/> Youth             | <input type="checkbox"/> Prayer Ministry    | <input type="checkbox"/> Church Office  |
| <input type="checkbox"/> Men’s Ministry    | <input type="checkbox"/> Women’s Ministry   | <input type="checkbox"/> Other          |

I am available:  Days  Evenings  Saturdays

Comments:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_