

# Blind Faith Ministries Inc. Servant Application

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

Date of Birth: \_\_\_\_\_ Drivers License No: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

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

## Emergency Contact Information:

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

## Servant History:

What Ministries have you served in the past?? \_\_\_\_\_

\_\_\_\_\_

What were your responsibilities?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long were you there? \_\_\_\_\_

Reason for moving on (if applicable)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your Direct Leader(s) and Contact Info? \_\_\_\_\_

**Education and Certifications:**

What Schools have you attended pertaining to Ministry? \_\_\_\_\_

\_\_\_\_\_

What Certifications do you have? (Counseling, Healing School, Etc.) \_\_\_\_\_

\_\_\_\_\_

Other Training: \_\_\_\_\_

\_\_\_\_\_

**Gifts and Talents:**

What Spiritual Gifts do you operate in (check all that apply)? \_\_\_ Dreams \_\_\_ Visions  
\_\_\_ Prophecy \_\_\_ Physical Healing \_\_\_ Inner Healing \_\_\_ Speaking In Tongues  
\_\_\_ Interpretation of Tongues \_\_\_ Deliverance \_\_\_ Other \_\_\_\_\_

What are some God given talents you would like to share? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Strengths and Weaknesses:**

In this portion we would like you to simply explain your Strengths and Weaknesses. For example, I tend to work in the prophetic part of ministry but, a weak are of min is I have a hard time praying out loud. We as a ministry have a responsibility of training you. Therefore, we need you to be very honest in this portion.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Church History:

What Church do you currently attend? \_\_\_\_\_

Who is your Pastor? \_\_\_\_\_

How are you currently serving in your Church? \_\_\_\_\_

\_\_\_\_\_

Please list any other Churches you have attended in the past 10 years \_\_\_\_\_

\_\_\_\_\_

Availability:

**\*\*keep in mind events may be up to a week at a time\*\***

Days Available (circle days that apply): Mon Tues Wed Thur Fri Sat

Please list general times or Seasons you would not be available

\_\_\_\_\_

\_\_\_\_\_

How much notice do you need in order to work an event? \_\_\_\_\_

In your own words (500 words max, write on back of page), please tell us why you would like to partner with Blind Faith Ministries?

Signature and Acknowledgement

\*Please be aware that because Blind Faith Ministries involves many different people and age groups, including children, your signature below authorized Blind Faith Ministries to perform a Criminal Background Check, along with permission to contact the past leaders and references you have listed at any time we feel is necessary.

Please also note that this application is not a guarantee that you will selected to serve with BFM, and if you are selected by decision of the BFM board, you may not be called to serve at every event, as the ministry will pray for specific guidance from the Lord before each event.

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

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

Date:

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