

WILLING SERVANT FORM

Please mark with an * any new information of which we should be aware.

Name:		
Address:	City & State	Zip
Phone #: E-m	nail	
Walk you attended and where:		· · · · · · · · · · · · · · · · · · ·
Date of your walk:		
Day and time my Share Group meets:		
I am interested in being considered as a live-in I have done: Assistant Table Leader Table Leader Logistics Asstistant Lay Director Lay Director Assistant Music Director Music Director Assistant Spiritual Director Spiritual Director If you have participated in any of these areas in or Communities:	Please list Talks yo	ity, please list the Community
Church I am active in		
Pastor		
Ministries of this church I am active in (list):	Role/responsibility	in each ministry.
		