



You must complete New Discipleship Course prior to being assigned to a ministry.

Discipleship Registration

Please complete the full form and return to Church Administration Staff

First Name: _____ M.I _____ Last Name: _____

Address: _____

City: _____ State: _____ County: _____

Phone (H): _____ (M): _____ (W): _____

Email address: _____ Secondary Email: _____

Married: _____ Separated/Divorced: _____ Never Married: _____ DOB: _____

If Married, Spouses Name: _____

Is He/She a Member of LAOM: Yes _____ No _____ Date Joined LAOM: ___/___/___

Do you have Children: Yes _____ No _____ Do they Attend LAOM: Yes _____ No _____

If Yes, Please list their names, ages and any ministries they are apart of.

Names	D.O.B/ Age	Ministry

Are you employed: Yes _____ No _____ If yes, Name: _____

Employer Address: _____

Current Position: _____

Are you attending School: Yes _____ No _____

If yes, Name of School: _____

Area of Study: _____

Diploma/Certificate/Degree: _____

Church History

Previous Church Attended: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Membership: ____/____/____ to ____/____/____ Pastor: _____

Ministry you served on: _____ Position (if applicable): _____

Ministry you served on: _____ Position (if applicable): _____

Ministry you served on: _____ Position (if applicable): _____

Ministry you served on: _____ Position (if applicable): _____

Reason for Leaving this Ministry: _____

Date you accepted Christ: ____/____/____ Date you were baptized ____/____/____

Are you aware of your spiritual gifts: Yes _____ No: _____ If, Yes, please list: (ex. Administration, Exhortation)

Primary: _____ Secondary: _____

Do you need help cultivating your primary gift: Yes ___ No _____

How were you were informed of your gifts: _____

Ministries you would like to serve on: _____

Why? _____

Talents: _____

Hobbies: _____

Trades (ex, construction, carpentry, hair styling) _____
