



## “What’s My D.E.S.I.G.N.?”

### TELL US ABOUT YOURSELF

☐ Ms. ☐ Mrs. ☐ Mr. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

### TELL US ABOUT YOUR DESIGN

**D** My Main Desire | Passion (*Select only 1*): \_\_\_\_\_

**E** My Key Experiences: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**S** My Spiritual Gift(s): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

My Individual Stile | Personality (*Select only 1*):

**I** ☐ Task | Unstructured ☐ Task | Structured ☐ People | Unstructured ☐ People | Structured

My Growth Phase: \_\_\_\_\_

**G** The ONE Thing I Do Best: \_\_\_\_\_

**N** My Natural Abilities: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

### TELL US ABOUT YOUR INTERESTS

Based on My D.E.S.I.G.N., I would like to ☐ serve ☐ know more about the following ministries:

1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

I would like to continue in my current ministry: ☐ Yes: \_\_\_\_\_

I am available to serve (*Please check the days available and enter the times of the day*):

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday  
Time: \_\_\_\_\_ Time: \_\_\_\_\_ Time: \_\_\_\_\_ Time: \_\_\_\_\_ Time: \_\_\_\_\_ Time: \_\_\_\_\_ Time: \_\_\_\_\_

### TELL US ABOUT YOUR WALK

I am a (*Select only 1*): ☐ Seeking ☐ A New Believer ☐ Believer | Number of Years: \_\_\_\_\_ ☐ Leader

Where do you attend church? \_\_\_\_\_ How Long? \_\_\_\_\_

Have you accepted Jesus as your Lord and Savior? ☐ Yes ☐ No If yes, When? \_\_\_\_\_

Have you been water baptized? ☐ Yes ☐ No If yes, When? \_\_\_\_\_

Have you joined a ministry (Group)? ☐ Yes ☐ No If yes, Which? \_\_\_\_\_

### I WANT TO HELP!

I would love to help at Faro Church in the following area(s):

<input type="checkbox"/> BGMC	<input type="checkbox"/> Children’s Ministry	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Connect
<input type="checkbox"/> Discipleship	<input type="checkbox"/> Faro Cocina	<input type="checkbox"/> Golden Age Ministry	<input type="checkbox"/> Hospitality Ministry
<input type="checkbox"/> Men’s Ministry	<input type="checkbox"/> Missions Ministry	<input type="checkbox"/> Parking Ministry	<input type="checkbox"/> Photography   Video
<input type="checkbox"/> Prayer Ministry	<input type="checkbox"/> Production	<input type="checkbox"/> Social Media	<input type="checkbox"/> Sound
<input type="checkbox"/> Special Events	<input type="checkbox"/> Volunteer Misc.	<input type="checkbox"/> Women’s Ministry	<input type="checkbox"/> Worship Ministry
<input type="checkbox"/> Young Adults Ministry	<input type="checkbox"/> Youth Ministry	<input type="checkbox"/> Other _____	