



MINISTRY PLACEMENT FORM

Complete the form below and submit it to your ministry placement representative.

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CONTACT INFORMATION

Full Name:	DOB:
Street Address:	
City, State, Zip:	
Home Phone: ()	Cell Phone: ()
Work Phone: ()	Email Address:
Emergency Contact Name:	Phone: ()

***If member is under age 18, complete the following. Forward a copy of this form to the Department of Children & Youth.**

Name of Parent/Guardian:	
If contact information for Parent/Guardian is different from above, please indicate.	
Street Address:	
City, State, Zip:	
Home Phone: ()	Cell Phone: ()
Work Phone: ()	Email Address:
Emergency Contact:	Phone: ()

MINISTRY INFORMATION

a. Has this member completed First Impressions? Yes No

b. Has this member transferred from another ministry? Yes No
 If yes, which ministry? _____
 What is the reason for transfer? _____

c. Was this person a leader in the previous ministry? Yes No

d. Are there any special circumstances or information that would assist the ministry coordinator with the placement and orientation of this member? Yes No
 If yes, please explain.

