

# Worker Application

Word of Life Christian Center  
854 Old Baltimore Pike  
Newark, DE 19702

## Personal Information

Name:		Marital Status:		Today's Date:	
Social Security Number:				Birth Date:	
Home Address:					
City:		State:	Zip:	Email:	
Home Phone		Work Phone:		Fax:	
Are you a Born-again Christian?			Date:		
Are you Spirit-filled with evidence of tongues?			Date:		
Are you a member of Word of Life Christian Center?			How long?		
Did you attend another church prior to WOLCC?			In good standing?		
Name and town of that church:					
Do you tithe to WOLCC?			If not, why?		
Do you consider yourself to be a loyal and faithful person?			Do you know and understand WOLCC doctrine?		
Do you understand the importance of your commitment to this ministry and the many lives that you will touch by your involvement?					
COMMENTS:					

## POSITION APPLYING FOR

Position: \_\_\_\_\_ Department: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Available: \_\_\_\_\_

Please list any experience or special education you have that will aid you in your involvement in the area of ministry for which you have applied. (Use other side of form.)

*“Therefore, since we receive a kingdom which cannot be shaken, let us show gratitude, by which we may offer to God an acceptable service with reverence and awe.”*  
*Hebrews 12:28*