

S.E.R.V.e. Application



Name: _____

Today's Date: _____

Phone Number: _____

E-mail Address: _____

How have you been long in Children's Ministry? _____

Why would you like to participate in S.E.R.V.e.?

Where do you feel your strengths are for Children's Ministry?

Where do you feel the Lord has areas for you to grow in Children's Ministry?

How would you like the Lord to use S.E.R.V.e. in your life?