



GRACE CHAPEL
CARE & SUPPORT

MINISTRY OFFICES
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Lexington, MA 02421

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www.grace.org

PRAYER MINISTRY VOLUNTEER APPLICATION

[Today's Date]

[Mr./Mrs./Ms./Miss]	[First Name]	[Middle Initial]	[Last Name]
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[Street]	[City]	[State]	[Zip Code]
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[Cell Phone]	[Email Address]
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1. Are you a member of Grace Chapel?
2. Which campus do you attend?
3. Do you have any experience serving in this Ministry?
4. Please list some spiritual gifts that would be effective in this Ministry.

5. Please state how you came to know Christ and what difference He is making in your life today:

*** PLEASE READ GRACE CHAPEL'S ARTICLES OF FAITH.**

*** YOU WILL HAVE TO GO THROUGH A PRAYER MINISTRY TRAINING COURSE.**

Signature: _____

Date: _____