



Building a People of Excellence in Pursuit of the Power, Purpose and Desire of God”

*Current
Passport
Photo*

HW Workers’ Form

PERSONAL DETAILS

Title: Mr/Mrs/Miss/ Other (specify) _____
Surname: _____ Forename: _____ DOB: _____
Home: _____
_____ Post Code: _____ Home Tel: _____
Home Email: _____ Office Tel: _____
Office Email: _____ Office Tel: _____
Previous Church _____ Length of Time at Healing Wings _____

OTHER INFORMATION

Please explain why you would like to become a worker

What particular skills do you think you have to offer? (Abilities acquired/Learnt e.g. Writing).

What gifts do you think you have to offer? (Attributes/natural talents e.g. Singing).

What department would you like to be involved in? (Please note that postings are at the discretion of the head of Ministries).

Do you have any past experience that might help you as a worker? Please give details:

MEMBERSHIP

If you have not completed a Healing Wings Data Form, Please note that the data form must accompany this Workers’ Form. To receive a form please call the church office on 07903399101.

DECLARATION

I certify that the information I have given is true to the best of my knowledge and give Healing Wings the permission to use my details for church related correspondence.

Signature: _____ Date _____

Please note that by joining the workforce, your contact details may be shared with other members of the workforce.

If you would like to include any other relevant information, kindly write on the reverse side of this sheet.

Thank you and God bless you.
Healing Wings Christian Centre