

Ministry Team Enlistment Form

Name: _____

Address: _____

Telephone Number: _____

E-mail Address: _____

I am volunteering for the following Ministry Team:

_____ Worship Ministry Team

_____ Education Ministry Team

_____ Service and Outreach Ministry Team

_____ Witness and Fellowship Ministry Team

_____ Support Ministry Team

This form may be:

- 1- mailed to the church office (*PO Box 544, Clarks Summit, PA 18411*)
- 2- given to the chairperson for the team on which you would like to participate
- 3- given to Bengt Berg
- 4- given to the pastor