



RCCG Fountain of Life Braintree

Worker's Details

Surname																																									
First Name																																									
Preferred name (if diff)																																									
Mobile Number																																									
Email Address																																									
Home Address	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div>																																								
Date of Birth																																									
Gender																																									
Profession																																									
Nationality																																									
Are you born again? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you water baptised by immersion in water? <input type="checkbox"/> Yes <input type="checkbox"/> No																																								
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed </td> <td style="width: 50%; vertical-align: top;"> Current marriage details: Date: _____ Spouse name: _____ Any previous marriage details: Date: _____ Spouse name: _____ Please give reasons: _____ _____ </td> </tr> </table>		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Current marriage details: Date: _____ Spouse name: _____ Any previous marriage details: Date: _____ Spouse name: _____ Please give reasons: _____ _____																																						
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<p>Please tick the departments you would like to join from below.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Choir</td> <td><input type="checkbox"/> Drama</td> <td><input type="checkbox"/> Prayer Group</td> <td><input type="checkbox"/> Evangelism</td> </tr> <tr> <td><input type="checkbox"/> Follow-up Group</td> <td><input type="checkbox"/> Community & Social Responsibility</td> <td><input type="checkbox"/> Teens & Youth and Young adults</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Children's Church</td> <td><input type="checkbox"/> Sanctuary Keepers</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Protocol / Ushers</td> <td><input type="checkbox"/> Welfare / Food Bank / Samaritan Purse</td> <td><input type="checkbox"/> Logistics / Transport</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Hospitality (Kitchen, Food affairs)</td> <td><input type="checkbox"/> Publications / Library</td> <td><input type="checkbox"/> Social Media</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Media / Technical</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4">Audio Visuals</td> </tr> <tr> <td><input type="checkbox"/> Sounds</td> <td><input type="checkbox"/> Photography</td> <td><input type="checkbox"/> Video Editing</td> <td><input type="checkbox"/> Display</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Building & Facilities / Health & Safety</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Projects / Fund Raising</td> </tr> </table>		<input type="checkbox"/> Choir	<input type="checkbox"/> Drama	<input type="checkbox"/> Prayer Group	<input type="checkbox"/> Evangelism	<input type="checkbox"/> Follow-up Group	<input type="checkbox"/> Community & Social Responsibility	<input type="checkbox"/> Teens & Youth and Young adults		<input type="checkbox"/> Children's Church	<input type="checkbox"/> Sanctuary Keepers			<input type="checkbox"/> Protocol / Ushers	<input type="checkbox"/> Welfare / Food Bank / Samaritan Purse	<input type="checkbox"/> Logistics / Transport		<input type="checkbox"/> Hospitality (Kitchen, Food affairs)	<input type="checkbox"/> Publications / Library	<input type="checkbox"/> Social Media		<input type="checkbox"/> Media / Technical				Audio Visuals				<input type="checkbox"/> Sounds	<input type="checkbox"/> Photography	<input type="checkbox"/> Video Editing	<input type="checkbox"/> Display	<input type="checkbox"/> Building & Facilities / Health & Safety				<input type="checkbox"/> Projects / Fund Raising			
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Thank you for taking the time to complete this form.

God bless you.