



## Increasing Faith Outreach Ministries Covenant Partnership Form

**Date of Covenant Partnership:** \_\_\_\_\_

Name:	
Address:	
Date of Birth:	Phone:
Email:	Marital Status:    (M)    (D)    (S)
<b>Family</b>	
Spouse:	Phone:
D.O.B.	Wedding Anniversary:

**Child(ren) \*\*Use the back if you need more room\*\***

Name	Address	Date of Birth	Phone Number

### Religious Affiliation or Preference:

Name of Church:	Pastor's Name:
5-fold Ministry:	Ordained:    (Y)    (N) Year:

### Musical Proficiency:

Worship Leader    (Y)    (N)	Musician:    (Y)    (N)
Praise Team    (Y)    (N)	Instrument Played:

## EMERGENCY CONTACT

**In case of an Emergency, please list at least two (2) people that you would like for us to contact as well as Hospital preferences:**

Name	Phone Number	Relationship

### EMERGENCY

<b>Name of Hospital:</b>	<b>Hospital Address</b>
<b>Doctor's Name:</b>	<b>Phone:</b>

### VOLUNTEER

**Which area of Ministry would you like to be affiliated with: Please check:**

	One Love – Marriage / Couples Ministry
	Taking It To the Streets – Outreach Ministries Team
	For HIS Glory Praise & Worship Ministry Team
	Designed Daughter of Destiny Women's Ministry Group
	S.W.A.T Men's Ministry (Saved, Worthy, Anointed, Team) Brotherhood
	Maintain in the Wait - Singles Ministry Group
	When We Pray – Intercessory Prayer Group
	Angels of Praise – Flag & Dance Ministry Group

**If there is a Ministry that GOD has laid on your heart, please see Pastor Rose Ann with a written proposal of how the Ministry will empower, lead and equip saints**