



HOUSE ON THE ROCK
home for all

SPIRITUAL AUTHORITY REGISTRATION FORM

PASSPORT

PHOTOGRAPH

BIO-DATA

Surname _____ First Name _____

Date Of Birth ____/____/____ Age _____ Gender: Male Female

Marital Status: Single Married Divorced Widow(er)

Home Address _____

Telephone Number(s) _____

Occupation/Profession _____

Email _____

MORE INFORMATION

Are You A Worker In HOTR? Yes No If Yes, What Department _____

If No, State 3 Church departments You Will Like To Serve In? _____

Please State Why You Chose To be A Worker/Not To be A Worker _____

HEAD OF DEPARTMENT'S AFFIRMATION

The Above Named Person Has Been A Member Of _____ Department and Has
Been Serving In The Department for _____ month(s)/year(s).

Name of H.O.D. _____ Signature _____

Student's Signature & Date

FOR OFFICIAL USE

Comments _____



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*Please submit the completed form at the INFORMATION CENTER (Sundays) or THE CHURCH OFFICE (Weekdays).
Thank you.*