

APPLICATION FOR CONSIDERATION OF MEMBERSHIP ON THE  
*Grace Fellowship Church*  
Safety Team

Full Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_/\_\_/\_\_\_\_

D/L Number: \_\_\_\_\_ ST: \_\_\_\_\_

How long have you attended Grace? \_\_\_\_\_

Which service do you normally attend? \_\_\_\_\_

In what activities/ministries do/have you served? \_\_\_\_\_

CHL/CCW Y N Expires \_\_\_\_\_ OCC/PROF \_\_\_\_\_

Military Branch \_\_\_\_\_ YRS \_\_\_\_\_ MOS \_\_\_\_\_

Why do you wish to serve on the Safety Team?

What unique skill or ability would you bring to the Safety Team?