

Junior Church Service Form

Please tick appropriate boxes

The level/time that you are comfortable with :	E1 <input type="checkbox"/>	E2 <input type="checkbox"/>	P1 - 6 <input type="checkbox"/>	K 1 - 2 <input type="checkbox"/> (5-6 yrs)	Nursery <input type="checkbox"/> (4yrs)	Playgroup <input type="checkbox"/> (3yrs)	KTW Teachers/Helpers <input type="checkbox"/>
Name : Mr. / Mrs. / Mdm. / Miss				Occupation :			
Address :				Contact Nos. :			
				Home :			
				Office/Mobile :			
Gender : Male <input type="checkbox"/> Female <input type="checkbox"/>				Marital Status : Single <input type="checkbox"/> Married <input type="checkbox"/>			
Worship at SJSM's Church				E1 <input type="checkbox"/> E2 <input type="checkbox"/> SES <input type="checkbox"/>			
Baptized in SJSM's Church				Yes <input type="checkbox"/> No <input type="checkbox"/>			
Confirmed in SJSM's Church				Yes <input type="checkbox"/> No <input type="checkbox"/>			
Date of Birth :				Date _____ Month _____			
Preferred areas of service (you may tick more than one)							
<input type="checkbox"/> Activity Station Master				<input type="checkbox"/> Musicians (indicate instrument played) : _____			
<input type="checkbox"/> Teaching				<input type="checkbox"/> Props Master			
<input type="checkbox"/> Small Group Leader				<input type="checkbox"/> Others, please state : _____			
<input type="checkbox"/> Worship Leader							
<input type="checkbox"/> Craft-Work							
Please submit your completed form to SJSM's Church Information Desk at Glory/Christ Sanctuary or fax to the main church office at 67786264, attention to Cindy Lee.							