



**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.*