

Date Received: _____

ID # _____

**BAY CITIES BIBLE COLLEGE
STUDENT MINISTRIES DEPARTMENT
REQUEST FOR WORKERS**

***Before Completing:** Please read the "Student Ministries Program Supervisor Guide." Please fill out completely and be as specific as possible.

CHURCH/ORGANIZATION NAME: _____

ADDRESS/CITY/ZIP CODE: _____

PHONE: _____ E-MAIL: _____

PASTOR/EXECUTIVE: _____

CONTACT PERSON: _____ PHONE: _____

NUMBER ATTENDING CHURCH: A.M. _____ P.M. _____

Number of Workers Needed	Nature of Ministry Service	Age Group & Average Attendance	Special Requirements	Time Required

Please indicate any problems students should be aware of in these ministry services:

Other information which maybe helpful to any prospective workers:

Please Return to:

Student Ministries Department
Bay Cities Bible College
P. O. Box 11085
Oakland, CA 94611