



# Membership Profile Questionnaire

IN ESSENTIALS, UNITY.... IN NON-ESSENTIALS, LIBERTY.... IN ALL THINGS, CHARITY

	Head of Household	Spouse
<b>Title: (Circle one)</b>	Mr. Mrs. Miss. Ms. Dr. Rev. Other _____	Mr. Mrs. Miss. Ms. Dr. Rev. Other _____
<b>Name: (First - Middle or Maiden - Last)</b>		
<b>Sex: (Check one)</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Birthday: (yr. optional)</b>	Date: ____/____/____	Date: ____/____/____
<b>Preferred or Nickname</b>		
<b>Address:</b>	_____	_____
<b>City, State / Zip:</b>		
<b>2nd or vacation address</b> from _____ to _____	_____	_____
<b>Address:</b>		
<b>City, State / Zip:</b>		
<b>Email:</b>		
<b>Alternate E-mail:</b>		
<b>Home Phone:</b>	( ) - check if unlisted <input type="checkbox"/>	( ) -
<b>Work Phone:</b>	( ) -	( ) -
<b>Fax #:</b>	( ) -	( ) -
<b>Pager #:</b>	( ) -	( ) -
<b>Cellular #:</b>	( ) -	( ) -
<b>Marital Status:</b>		
<b>Anniversary Date:</b>	Date: ____/____/____	Date: ____/____/____
<b>Occupation:</b>		
<b>Employer:</b>		
<b>Member Status:</b>		
<b>Church Background</b>		
<b>Sunday School Class:</b>		
<b>Baptized:</b>	yes <input type="checkbox"/> no <input type="checkbox"/> Date: ____/____/____	yes <input type="checkbox"/> no <input type="checkbox"/> Date: ____/____/____

**Personal Comments:**

# Christ's Fellowship Church Membership Profile Questionnaire

## Children

Name (first, middle, last)	Birthdate	Grade	Baptized	Class
	Date: __/__/__		yes <input type="checkbox"/> Date: __/__/__	
	Date: __/__/__		yes <input type="checkbox"/> Date: __/__/__	
	Date: __/__/__		yes <input type="checkbox"/> Date: __/__/__	
	Date: __/__/__		yes <input type="checkbox"/> Date: __/__/__	
	Date: __/__/__		yes <input type="checkbox"/> Date: __/__/__	
	Date: __/__/__		yes <input type="checkbox"/> Date: __/__/__	

## Skills & Talents

(Please check all that apply, H=Head of household, S=Spouse)

H S	H S	H S
<input type="checkbox"/> <input type="checkbox"/> Acting	<input type="checkbox"/> <input type="checkbox"/> Gardening	<input type="checkbox"/> <input type="checkbox"/> Teaching
<input type="checkbox"/> <input type="checkbox"/> Administration	<input type="checkbox"/> <input type="checkbox"/> Guitarist	<input type="checkbox"/> <input type="checkbox"/> Truck Driver
<input type="checkbox"/> <input type="checkbox"/> Artist	<input type="checkbox"/> <input type="checkbox"/> Handicrafts	<input type="checkbox"/> <input type="checkbox"/> Typing
<input type="checkbox"/> <input type="checkbox"/> Bible Study	<input type="checkbox"/> <input type="checkbox"/> Handy Man	<input type="checkbox"/> <input type="checkbox"/> Writing
<input type="checkbox"/> <input type="checkbox"/> Caregiver	<input type="checkbox"/> <input type="checkbox"/> Music	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> Carpentry	<input type="checkbox"/> <input type="checkbox"/> Photography	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> Computer	<input type="checkbox"/> <input type="checkbox"/> Pianist	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> Cooking	<input type="checkbox"/> <input type="checkbox"/> Plumbing	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> Drama	<input type="checkbox"/> <input type="checkbox"/> Public Speaking	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> Electrical	<input type="checkbox"/> <input type="checkbox"/> Singing	<input type="checkbox"/> <input type="checkbox"/>

## Church Activities

(Please check all that apply, H=Head of household, S=Spouse)

H S	H S	H S
<input type="checkbox"/> <input type="checkbox"/> Alpha Team	<input type="checkbox"/> <input type="checkbox"/> Ladies Gathering	<input type="checkbox"/> <input type="checkbox"/> Praise Team
<input type="checkbox"/> <input type="checkbox"/> Bible Reader (lectern)	<input type="checkbox"/> <input type="checkbox"/> Maintenance	<input type="checkbox"/> <input type="checkbox"/> Prayer Warrior
<input type="checkbox"/> <input type="checkbox"/> Bus Driver	<input type="checkbox"/> <input type="checkbox"/> Men's Prayer Breakfast	<input type="checkbox"/> <input type="checkbox"/> Pro-Life Supporter
<input type="checkbox"/> <input type="checkbox"/> Convalescent(Nursing) home	<input type="checkbox"/> <input type="checkbox"/> Money Counter	<input type="checkbox"/> <input type="checkbox"/> Sunday School Teacher
<input type="checkbox"/> <input type="checkbox"/> Discipleship	<input type="checkbox"/> <input type="checkbox"/> Nursery	<input type="checkbox"/> <input type="checkbox"/> Tract Distribution
<input type="checkbox"/> <input type="checkbox"/> Flower Arrangement	<input type="checkbox"/> <input type="checkbox"/> Office Volunteer	<input type="checkbox"/> <input type="checkbox"/> Usher
<input type="checkbox"/> <input type="checkbox"/> Home School(ers)	<input type="checkbox"/> <input type="checkbox"/> Pianist/Organist	<input type="checkbox"/> <input type="checkbox"/>

## Spiritual Gifts

(Please check all that apply, H=Head of household, S=Spouse)

H S	H S	H S
<input type="checkbox"/> <input type="checkbox"/> Administration	<input type="checkbox"/> <input type="checkbox"/> Giving	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> Encouragement	<input type="checkbox"/> <input type="checkbox"/> Mercy	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> Evangelism	<input type="checkbox"/> <input type="checkbox"/> Prophecy	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> Exhortation	<input type="checkbox"/> <input type="checkbox"/> Teaching	<input type="checkbox"/> <input type="checkbox"/>

## Willing To Serve

(Please check all that apply, H=Head of household, S=Spouse)

H S	H S	H S
<input type="checkbox"/> <input type="checkbox"/> Teaching	<input type="checkbox"/> <input type="checkbox"/> Teacher Helper	<input type="checkbox"/> <input type="checkbox"/> Teacher Substitute
<input type="checkbox"/> <input type="checkbox"/> Preschool	<input type="checkbox"/> <input type="checkbox"/> Elementary ( 1 <sup>st</sup> - 3 <sup>rd</sup> grade)	<input type="checkbox"/> <input type="checkbox"/> Elementary (4 <sup>th</sup> - 5 <sup>th</sup> grade)
<input type="checkbox"/> <input type="checkbox"/> Jr. High	<input type="checkbox"/> <input type="checkbox"/> High School	<input type="checkbox"/> <input type="checkbox"/> College / Young Adults
<input type="checkbox"/> <input type="checkbox"/> Adults	<input type="checkbox"/> <input type="checkbox"/> Chaperone Children	<input type="checkbox"/> <input type="checkbox"/> Chaperone Youth
<input type="checkbox"/> <input type="checkbox"/> Children's Church	<input type="checkbox"/> <input type="checkbox"/> Meal Preparation for Special Needs	<input type="checkbox"/> <input type="checkbox"/> Grounds Upkeep
<input type="checkbox"/> <input type="checkbox"/> Nursing Home Visits	<input type="checkbox"/> <input type="checkbox"/> Prayer Ministry	<input type="checkbox"/> <input type="checkbox"/> Office Volunteer

# Christ's Fellowship Church Membership Profile Questionnaire

## Willing To Serve

(Please check all that apply, H=Head of household, S=Spouse)

H S	H S	H S
<input type="checkbox"/> <input type="checkbox"/> Kitchen Help (Wed eve) Set-up	<input type="checkbox"/> <input type="checkbox"/> Kitchen Help (Wed eve) Clean-up	<input type="checkbox"/> <input type="checkbox"/> Banner Making
<input type="checkbox"/> <input type="checkbox"/> Disciple Making	<input type="checkbox"/> <input type="checkbox"/> Evangelistic Outreach	<input type="checkbox"/> <input type="checkbox"/> Sm. Gr. Bible Study Leader
<input type="checkbox"/> <input type="checkbox"/> Sm. Gr. Bible Study Host	<input type="checkbox"/> <input type="checkbox"/> Music Ministry - Vocal	<input type="checkbox"/> <input type="checkbox"/> Music Ministry - Instrument
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Instrument _____
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

## Community Care Team

**I John 3:18, Volunteers will be called upon on a case by case basis**

(Please check all that apply, H=Head of household, S=Spouse)

H S	H S	H S
<input type="checkbox"/> <input type="checkbox"/> Assist with shopping : A couple of times a month.	<input type="checkbox"/> <input type="checkbox"/> General Labor:	<input type="checkbox"/> <input type="checkbox"/> Home Repair / Maintenance:
<input type="checkbox"/> <input type="checkbox"/> Transportation to medical appts.	<input type="checkbox"/> <input type="checkbox"/> Assist in household move	<input type="checkbox"/> <input type="checkbox"/> Plumbing
<input type="checkbox"/> <input type="checkbox"/> Prepare food: birth, death, etc.	<input type="checkbox"/> <input type="checkbox"/> Transport furniture, etc in your truck	<input type="checkbox"/> <input type="checkbox"/> Painting
<input type="checkbox"/> <input type="checkbox"/> Deliver food	<input type="checkbox"/> <input type="checkbox"/> Other physical labor needed	<input type="checkbox"/> <input type="checkbox"/> General Maintenance
<input type="checkbox"/> <input type="checkbox"/> Visit people in hospital.	<input type="checkbox"/> <input type="checkbox"/> career counseling	<input type="checkbox"/> <input type="checkbox"/> Yard work
<input type="checkbox"/> <input type="checkbox"/> Provide Respite care for single parents or those living with a handicapped person	<input type="checkbox"/> <input type="checkbox"/> Share skills	<input type="checkbox"/> <input type="checkbox"/> Other
<input type="checkbox"/> <input type="checkbox"/> Baby sitting / Child care	Auto _____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> Provide short term emergency housing.	Appliance _____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Resume Review	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Provide Translation Help:	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	Language _____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

(Please check all that apply, H=Head of household, S=Spouse)

H S	H S	H S
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>