

## Member Information Sheet

	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:</b>	Date: _____	Date: _____
<b>Preferred or Nickname</b>		
<b>Address:</b>		
<b>City, State / Zip:</b>	_____	_____
<b>Alternate Address</b>		
<b>Address:</b>	From: _____ To: _____	From: _____ To: _____
<b>City, State / Zip:</b>	_____	_____
<b>Home Phone:</b>	( ) - _____ Unlisted? <input type="checkbox"/>	( ) - _____ Unlisted? <input type="checkbox"/>
<b>Cell Phone:</b>	( ) - _____ Unlisted? <input type="checkbox"/>	( ) - _____ Unlisted? <input type="checkbox"/>
<b>Work Phone</b>	( ) - _____ Unlisted? <input type="checkbox"/>	( ) - _____ Unlisted? <input type="checkbox"/>
<b>Email</b>		
<b>Pager #:</b>	( ) - _____ Unlisted? <input type="checkbox"/>	( ) - _____ Unlisted? <input type="checkbox"/>
<b>Fax #:</b>	( ) - _____ Unlisted? <input type="checkbox"/>	( ) - _____ Unlisted? <input type="checkbox"/>
<b>Extra Phone:</b>	_____ Unlisted? <input type="checkbox"/>	_____ Unlisted? <input type="checkbox"/>
<b>Marital Status:</b>		
<b>Anniversary Date:</b>	Date: __/__/____	Date: __/__/____
<b>Occupation:</b>		
<b>Employer:</b>		
<b>Member Status:</b> Active/Inactive		
<b>Church Background:</b> How long have you been at SHFWB? Positions held and/or Offices held and what years?		
<b>Current 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: _____

**\*\*Please fill out form completely. Include Months and Years on dates if possible. REMEMBER! Our database will only be as accurate as YOU make it. We thank you for taking time out to provide this information. After completing the form, return it to your Pastor, Deacon or Phil Mazingo (Database Administrator)**

## Member Information Sheet

### Children

Name (first, middle, last)	Birth Date	Grade	Baptized	Sunday School Class
	Date: _____		Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____	
	Date: _____		Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____	
	Date: _____		Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____	
	Date: _____		Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____	
	Date: _____		Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____	

### Skills

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

H S	H S	H S
<input type="checkbox"/> Administration	<input type="checkbox"/> Cooking	<input type="checkbox"/> Hospitality
<input type="checkbox"/> Artist	<input type="checkbox"/> Drama	<input type="checkbox"/> Music
<input type="checkbox"/> Caregiver / Visit Rest Homes	<input type="checkbox"/> Electrical	<input type="checkbox"/> Teaching
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Guitar	<input type="checkbox"/> Outreach Worker
<input type="checkbox"/> Computer/ Technology	<input type="checkbox"/> Hand Crafts	<input type="checkbox"/> Pianist

### Leadership

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

H S	H S	H S
<input type="checkbox"/> Choir Director	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Sunday School Teacher
<input type="checkbox"/> Deacon	<input type="checkbox"/> Worship Leader	<input type="checkbox"/> VBS Leader
<input type="checkbox"/> Interim Board	<input type="checkbox"/> Trustee	<input type="checkbox"/> Youth Leader
<input type="checkbox"/> SS Superintendent	<input type="checkbox"/> Council Board Member	<input type="checkbox"/>

### Activities

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

H S	H S	H S
<input type="checkbox"/> Boy Scouts	<input type="checkbox"/> Girl Scouts	<input type="checkbox"/> Quarterly Conference
<input type="checkbox"/> Cub Scouts	<input type="checkbox"/> Brownie Scouts	<input type="checkbox"/> Trustee
<input type="checkbox"/> Choir	<input type="checkbox"/> Home Schooler	<input type="checkbox"/> Young Adults
<input type="checkbox"/> Deacon	<input type="checkbox"/> Men's Breakfast	<input type="checkbox"/> Youth Group

### Spiritual Gifts

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

H S	H S	H S
<input type="checkbox"/> Administration	<input type="checkbox"/> Giving	<input type="checkbox"/>
<input type="checkbox"/> Encouragement	<input type="checkbox"/> Mercy	<input type="checkbox"/>
<input type="checkbox"/> Evangelism	<input type="checkbox"/> Prophecy	<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"/> Assistant	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Nursery
<input type="checkbox"/> Finances	<input type="checkbox"/> Maintenance/Grounds	<input type="checkbox"/> Teaching
<input type="checkbox"/> Greeter	<input type="checkbox"/> Music	<input type="checkbox"/> Deacon
<input type="checkbox"/> Technology	<input type="checkbox"/> Trustee	<input type="checkbox"/> Usher
<input type="checkbox"/> Visitation	<input type="checkbox"/> Youth	<input type="checkbox"/>

Comments: \_\_\_\_\_

\_\_\_\_\_