

Emmanuel Temple Apostolic Church

900 6th Street • Vallejo, CA 94590 • (707) 642-2391

Bryan E. Harris, Pastor

Member Information Sheet

New Member

Change of address (Section 1)

Change in family/emergency contact (Section 2)

SECTION 1.

Membership Date: _____ Today's Date: _____

First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____ City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Other Phone: (____) _____

E-mail Address: _____

Your Current Employment (if any): _____

Are you: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

Wedding Date: _____ Maiden Name: _____

SECTION 2.

Immediate Family Members:

Name _____ Relationship _____ Date of Birth _____

Name _____ Relationship _____ Date of Birth _____

Name _____ Relationship _____ Date of Birth _____

Name _____ Relationship _____ Date of Birth _____

Emergency Contact:

Name _____ Relationship _____ Phone (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

SECTION 3.

Please complete the following:

Have you been baptized in the **Name of Jesus Christ** by full immersion in water? Yes _____ No _____

If yes, **when** and **where**? _____

Have you been filled with the Holy Ghost with the initial evidence of speaking in tongues? Yes _____ No _____

If yes, when and where? _____

What are your personal expectations of a church? _____

What are your expectations of a pastor? _____

How did you find out about Emmanuel Temple? _____

(Please turn this page over, and complete the back also. Thank you.)

(04-14-07)

Previous Church History:

Name of church you last attended and where (if any) _____

Name of Pastor _____

Were you a member of this church? Yes _____ No _____ If yes, how long? _____

Have you informed the Pastor about leaving this church? Yes _____ No _____ If no, please explain? _____

Why did you leave? _____

Why did you choose Emmanuel Temple? _____

SECTION 4.

Please complete the following:

- Please check the area(s) of ministry you are interested in serving. (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Men's Ministry/Mentoring Boys | <input type="checkbox"/> Hospitality (Greeter/Member Care) | <input type="checkbox"/> Media Ministry (Sound/Video) |
| <input type="checkbox"/> Women's Ministry/Mentoring Girls | <input type="checkbox"/> Evangelism (Altar/Outreach) | <input type="checkbox"/> Senior (Saints) Ministry |
| <input type="checkbox"/> Youth & Young Adult Ministry | <input type="checkbox"/> Temple Keepers (Church Clean-up) | <input type="checkbox"/> Transportation Ministry |
| <input type="checkbox"/> Children's Ministry/Nursery | <input type="checkbox"/> Public Relations/Neighborhood Association | <input type="checkbox"/> Prison Ministry |
| <input type="checkbox"/> Singles' Ministry | <input type="checkbox"/> Office Assistant (Typing, Filing) | <input type="checkbox"/> Foreign Missions |
| <input type="checkbox"/> Christian Education (Sunday School) | <input type="checkbox"/> Ambassadors (Ushers) | <input type="checkbox"/> Book Store/Resource Center |
| <input type="checkbox"/> Marriage & Family Ministry | <input type="checkbox"/> Food/Clothing Ministry | <input type="checkbox"/> Pastor's Aid |
| <input type="checkbox"/> Worship & Music Ministry (Choir/Praise Team/ Musician) | | |

- Indicate your areas of personal experience/skills:

- | | |
|--|---|
| <input type="checkbox"/> Clerical/Administrative/Secretarial | <input type="checkbox"/> Technical/Computer |
| <input type="checkbox"/> Management/Supervisory | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Other: _____ |

- What area(s) of the church have you served in?

1. _____
2. _____
3. _____

- What talents/gifts/abilities do you have (i.e., art, cooking, foreign languages, singing)?

1. _____
2. _____
3. _____

- What is your passion (what do you really like or want to do in life)? Briefly describe.

- What are your hobbies or activities you enjoy doing?

1. _____
2. _____
3. _____

SECTION 5.

- Have you enrolled in the New Members Orientation Class (Yes / No)
Date completed: _____
- Have you enrolled in the Discipleship Training Course (Yes / No)
Date completed: _____
- Have you received a New Member's Packet (Yes / No)