

Children Living With You

Name: _____ Male Female Date of Birth _____ Date of Baptism _____
 Baptized at: _____ Confirmation Date _____ Confirmed at: _____

Name: _____ Male Female Date of Birth _____ Date of Baptism _____
 Baptized at: _____ Confirmation Date _____ Confirmed at: _____

Name: _____ Male Female Date of Birth _____ Date of Baptism _____
 Baptized at: _____ Confirmation Date _____ Confirmed at: _____

Name: _____ Male Female Date of Birth _____ Date of Baptism _____
 Baptized at: _____ Confirmation Date _____ Confirmed at: _____

Servanthood (Please check all that apply)

Ministry	<u>I Presently serve</u>	<u>I have experience</u>	<u>I would like to serve</u>
Acolyte	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chalice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Altar Guild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greeters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ushers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prayer Minister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prayer Chain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healing Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pastoral Care Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outreach Ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small Groups/Bible Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A/V Tech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's Ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VBS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office Volunteer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>