

Shalom Community Lutheran Church

Ministry Questionnaire

Please print clearly; Each confirmed member completes a form Date _____

Name _____

Address _____ Apt # _____

City _____ State _____ Zip _____

Home Phone # _____ Other/Cell # _____

E-mail _____ Date of Birth _____ / _____ / _____

Marital Status: Single Married Single Again Spouse's Name (if applicable) _____

Date of Anniversary (if applicable) _____

Name Children Living at Home (if applicable)

Name _____	DOB _____	Grade _____
Name _____	DOB _____	Grade _____
Name _____	DOB _____	Grade _____
Name _____	DOB _____	Grade _____
Name _____	DOB _____	Grade _____

Place of Employment _____ Profession/Position _____

Please list the names of other churches that you've attended regularly during past 5 yrs. _____

Areas where would you like to serve (check as many as you'd like!)

- | | | | |
|----------------------------|---------------------------|------------------------------|--------------------|
| ___ Setup/Teardown (am/pm) | ___ Nursery Care | ___ Usher/Greeter | ___ Shalom Shuttle |
| ___ Worship Team (am/pm) | ___ Sunday School | ___ Communion Assistant | ___ Youth Ministry |
| ___ Projection (am/pm) | ___ Hospitality | ___ Scripture Reader | ___ Special Events |
| ___ Sound System (am/pm) | ___ Worship Planning Team | ___ Mission Development Team | |
| ___ Children's Sermons | ___ Prayer Ministry | ___ Office Support (Weekday) | |

Other: _____