

Annunciation Greek Orthodox Church  
Family Blank Registration Form

Family Registration

|  |  |   |                  |
|--|--|---|------------------|
| <b>ID/Env #:</b>                                     |  |   |                  |
| <b>Family Name:</b>                                  | <b>Head of Household:</b>                              | <b>Spouse:</b>                            |                  |
|  | <b>Last Name:</b> _____                                | <b>Last Name:</b> _____                   |                  |
|  | <b>First Name:</b> _____                               | <b>First Name:</b> _____                  |                  |
|  | <b>Title:</b> _____                                    | <b>Title:</b> _____                       |                  |
|  | <b>Suffix:</b> _____                                   |   |                  |
| <b>Name formats used in mailings:</b>                |  |   |                  |
|  | <b>Mailing Name:</b> _____                             | <i>Example: Mr. &amp; Mrs. John Smith</i> |                  |
|  | <b>Informal Salutation:</b> _____                      | <i>Example: John &amp; Mary</i>           |                  |
|  | <b>Formal Salutation:</b> _____                        | <i>Example: Mr. &amp; Mrs. Smith</i>      |                  |
| <b>Family Info:</b>                                  | <b>Registered:</b> _____                               | <b>Family Status:</b> _____               |                  |
|  | <b>Street Address Line 1:</b> _____                    |   |                  |
|  | <b>Street Address Line 2:</b> _____                    |   |                  |
|  | <b>Street City/State:</b> _____                        | <b>Street Zip:</b> _____                  |                  |
|  | <b>Geo. Area Number:</b> _____                         |   |                  |
|  | <b>Phone Number</b>                                    | <b>Description</b>                        | <b>Unlisted?</b> |
|  | _____  | Home/Office/Cell/Other                    | Yes/No           |
| _____  | Home/Office/Cell/Other                                 | Yes/No                                    |                  |
| <b>Email:</b> _____                                  | <b>Send Email when possible?</b> Yes/No                |   |                  |
| <b>Mailing Addr.:</b><br>(if different than street): | <b>Mailing Address Line 1:</b> _____                   |   |                  |
|  | <b>Mailing Address Line 2:</b> _____                   |   |                  |
|  | <b>Mailing City/State:</b> _____                       | <b>Mailing Zip:</b> _____                 |                  |
| <b>Alternate Addr.:</b>                              | <b>Alt. Address Line 1:</b> _____                      |   |                  |
|  | <b>Alt. Address Line 2:</b> _____                      |   |                  |
|  | <b>Alt. City/State:</b> _____                          | <b>Alt. Zip:</b> _____                    |                  |
|  | Active From Month:    Day:    To: Month:    Day: _____ |   |                  |
|  | <b>Send mail to alternate address?</b> Yes/No          |   |                  |
| <b>Alt. Address Remarks:</b> _____                   |  |   |                  |
| <b>Remarks:</b>                                      |  |   |                  |

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|  |   |                                |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
|--|---|--------------------------------|---|---------------------------------|---|--|---|---------------------------|---|------------------------------|--------------------------|---------------------------------|---|----------------------------|--|---------------------------|--|------------------------------|--|--------------------------|--|---|---|--------------------------|--|---------------------------------|---|----------------------------|--|---------------------------|--|------------------------------|--|--------------------------|--|
| Member Registration<br>(member: _____ for family: _____) |   |                                |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Member Detail:</b>                                    | <table style="width:100%; border: none;"> <tr> <td style="width: 35%;"><b>Last Name:</b> _____</td> <td style="width: 65%;"><b>Name formats used in mailings:</b></td> </tr> <tr> <td><b>First Name:</b> _____</td> <td><b>Mailing Name:</b> _____ <i>Ex: Mr. John Smith</i></td> </tr> <tr> <td><b>Middle:</b> _____</td> <td><b>Informal Salutation:</b> _____ <i>Ex: John</i></td> </tr> <tr> <td><b>Nickname:</b> _____</td> <td><b>Formal Salutation:</b> _____ <i>Ex: Mr. Smith</i></td> </tr> <tr> <td><b>Maiden Name:</b> _____</td> <td></td> </tr> <tr> <td><b>Title:</b> _____</td> <td></td> </tr> <tr> <td><b>Suffix:</b> _____</td> <td></td> </tr> </table>  | <b>Last Name:</b> _____        | <b>Name formats used in mailings:</b>                         | <b>First Name:</b> _____        | <b>Mailing Name:</b> _____ <i>Ex: Mr. John Smith</i>  | <b>Middle:</b> _____                       | <b>Informal Salutation:</b> _____ <i>Ex: John</i> | <b>Nickname:</b> _____    | <b>Formal Salutation:</b> _____ <i>Ex: Mr. Smith</i>  | <b>Maiden Name:</b> _____    |                          | <b>Title:</b> _____             |   | <b>Suffix:</b> _____       |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Last Name:</b> _____                                  | <b>Name formats used in mailings:</b>   |                                |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>First Name:</b> _____                                 | <b>Mailing Name:</b> _____ <i>Ex: Mr. John Smith</i>  |                                |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Middle:</b> _____                                     | <b>Informal Salutation:</b> _____ <i>Ex: John</i>   |                                |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Nickname:</b> _____                                   | <b>Formal Salutation:</b> _____ <i>Ex: Mr. Smith</i>  |                                |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Maiden Name:</b> _____                                |   |                                |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Title:</b> _____                                      |   |                                |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Suffix:</b> _____                                     |   |                                |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Personal:</b>   | <table style="width:100%; border: none;"> <tr> <td style="width: 50%;"><b>Relationship:</b> _____</td> <td style="width: 50%;"><b>Type:</b> <u>Head/Spouse/Adult/Young Adult/Child/Other</u></td> </tr> <tr> <td><b>Grade/Degree:</b> _____</td> <td><b>Gender:</b> <u>Male/Female</u></td> </tr> <tr> <td><b>Marital Status:</b> _____</td> <td><b>Birthdate:</b> ____ / ____ / ____</td> </tr> <tr> <td><b>Language:</b> _____</td> <td></td> </tr> <tr> <td><b>Ethnicity:</b> _____</td> <td><b>Voting Mem:</b> _____</td> </tr> <tr> <td><b>Religion:</b> _____</td> <td><b>Snd Statemnt:</b> _____</td> </tr> <tr> <td><b>Spec Needs:</b> _____</td> <td></td> </tr> <tr> <td><b>Occupation:</b> _____</td> <td></td> </tr> <tr> <td><b>Member:</b> _____</td> <td></td> </tr> <tr> <td><b>Mem Status:</b> _____</td> <td></td> </tr> <tr> <td><b>Receives Separate Statement?</b> <u>Yes/No</u></td> <td><b>Location:</b> _____</td> </tr> </table>   | <b>Relationship:</b> _____     | <b>Type:</b> <u>Head/Spouse/Adult/Young Adult/Child/Other</u> | <b>Grade/Degree:</b> _____      | <b>Gender:</b> <u>Male/Female</u>                     | <b>Marital Status:</b> _____               | <b>Birthdate:</b> ____ / ____ / ____              | <b>Language:</b> _____    |   | <b>Ethnicity:</b> _____      | <b>Voting Mem:</b> _____ | <b>Religion:</b> _____          | <b>Snd Statemnt:</b> _____                            | <b>Spec Needs:</b> _____   |  | <b>Occupation:</b> _____  |  | <b>Member:</b> _____         |  | <b>Mem Status:</b> _____ |  | <b>Receives Separate Statement?</b> <u>Yes/No</u> | <b>Location:</b> _____  |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Relationship:</b> _____                               | <b>Type:</b> <u>Head/Spouse/Adult/Young Adult/Child/Other</u>   |                                |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Grade/Degree:</b> _____                               | <b>Gender:</b> <u>Male/Female</u>   |                                |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Marital Status:</b> _____                             | <b>Birthdate:</b> ____ / ____ / ____  |                                |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Language:</b> _____                                   |   |                                |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Ethnicity:</b> _____                                  | <b>Voting Mem:</b> _____  |                                |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Religion:</b> _____                                   | <b>Snd Statemnt:</b> _____  |                                |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Spec Needs:</b> _____                                 |   |                                |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Occupation:</b> _____                                 |   |                                |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Member:</b> _____                                     |   |                                |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Mem Status:</b> _____                                 |   |                                |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Receives Separate Statement?</b> <u>Yes/No</u>        | <b>Location:</b> _____  |                                |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Phone/Email:</b>                                      | <table style="width:100%; border: none;"> <tr> <td style="width: 33%;"><b>Phone:</b> _____</td> <td style="width: 33%;"><b>Type:</b> <u>Home/Office/Cell/Other</u></td> <td style="width: 33%;"><b>Unlisted?</b> <u>Yes/No</u></td> </tr> <tr> <td><b>Phone:</b> _____</td> <td><b>Type:</b> <u>Home/Office/Cell/Other</u></td> <td><b>Unlisted?</b> <u>Yes/No</u></td> </tr> <tr> <td><b>Email:</b> _____</td> <td><b>Type:</b> <u>Home/Office/Other</u></td> <td></td> </tr> </table>   | <b>Phone:</b> _____            | <b>Type:</b> <u>Home/Office/Cell/Other</u>                    | <b>Unlisted?</b> <u>Yes/No</u>  | <b>Phone:</b> _____                                   | <b>Type:</b> <u>Home/Office/Cell/Other</u> | <b>Unlisted?</b> <u>Yes/No</u>                    | <b>Email:</b> _____       | <b>Type:</b> <u>Home/Office/Other</u>   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Phone:</b> _____                                      | <b>Type:</b> <u>Home/Office/Cell/Other</u>  | <b>Unlisted?</b> <u>Yes/No</u> |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Phone:</b> _____                                      | <b>Type:</b> <u>Home/Office/Cell/Other</u>  | <b>Unlisted?</b> <u>Yes/No</u> |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Email:</b> _____                                      | <b>Type:</b> <u>Home/Office/Other</u>   |                                |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Remarks:</b>  | _____   |                                |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Sacraments:</b>                                       | <table style="width:100%; border: none;"> <tr> <td style="width: 50%;"><b>Birthplace:</b> _____</td> <td style="width: 50%;"><b>Father:</b> _____</td> </tr> <tr> <td></td> <td><b>Mother:</b> _____</td> </tr> <tr> <td></td> <td><b>Mother's Maiden Name:</b> _____</td> </tr> <tr> <td><b>Baptism:</b></td> <td> <table style="width:100%; border: none;"> <tr> <td><b>Baptismal Name:</b> _____</td> <td></td> </tr> <tr> <td><b>Date:</b> ____ / ____ / ____</td> <td><b>Status:</b> <u>Approximate / Yes / No / Unsure</u></td> </tr> <tr> <td><b>Performed by:</b> _____</td> <td></td> </tr> <tr> <td><b>Church Name:</b> _____</td> <td></td> </tr> <tr> <td><b>Church Address:</b> _____</td> <td></td> </tr> <tr> <td><b>Sponsor(s):</b> _____</td> <td></td> </tr> </table> </td> </tr> <tr> <td><b>Chrismation:</b></td> <td> <table style="width:100%; border: none;"> <tr> <td><b>Extra Info:</b> _____</td> <td></td> </tr> <tr> <td><b>Date:</b> ____ / ____ / ____</td> <td><b>Status:</b> <u>Approximate / Yes / No / Unsure</u></td> </tr> <tr> <td><b>Performed by:</b> _____</td> <td></td> </tr> <tr> <td><b>Church Name:</b> _____</td> <td></td> </tr> <tr> <td><b>Church Address:</b> _____</td> <td></td> </tr> <tr> <td><b>Sponsor(s):</b> _____</td> <td></td> </tr> </table> </td> </tr> </table> | <b>Birthplace:</b> _____       | <b>Father:</b> _____  |                                 | <b>Mother:</b> _____                                  |  | <b>Mother's Maiden Name:</b> _____                | <b>Baptism:</b>           | <table style="width:100%; border: none;"> <tr> <td><b>Baptismal Name:</b> _____</td> <td></td> </tr> <tr> <td><b>Date:</b> ____ / ____ / ____</td> <td><b>Status:</b> <u>Approximate / Yes / No / Unsure</u></td> </tr> <tr> <td><b>Performed by:</b> _____</td> <td></td> </tr> <tr> <td><b>Church Name:</b> _____</td> <td></td> </tr> <tr> <td><b>Church Address:</b> _____</td> <td></td> </tr> <tr> <td><b>Sponsor(s):</b> _____</td> <td></td> </tr> </table> | <b>Baptismal Name:</b> _____ |                          | <b>Date:</b> ____ / ____ / ____ | <b>Status:</b> <u>Approximate / Yes / No / Unsure</u> | <b>Performed by:</b> _____ |  | <b>Church Name:</b> _____ |  | <b>Church Address:</b> _____ |  | <b>Sponsor(s):</b> _____ |  | <b>Chrismation:</b>                               | <table style="width:100%; border: none;"> <tr> <td><b>Extra Info:</b> _____</td> <td></td> </tr> <tr> <td><b>Date:</b> ____ / ____ / ____</td> <td><b>Status:</b> <u>Approximate / Yes / No / Unsure</u></td> </tr> <tr> <td><b>Performed by:</b> _____</td> <td></td> </tr> <tr> <td><b>Church Name:</b> _____</td> <td></td> </tr> <tr> <td><b>Church Address:</b> _____</td> <td></td> </tr> <tr> <td><b>Sponsor(s):</b> _____</td> <td></td> </tr> </table> | <b>Extra Info:</b> _____ |  | <b>Date:</b> ____ / ____ / ____ | <b>Status:</b> <u>Approximate / Yes / No / Unsure</u> | <b>Performed by:</b> _____ |  | <b>Church Name:</b> _____ |  | <b>Church Address:</b> _____ |  | <b>Sponsor(s):</b> _____ |  |
| <b>Birthplace:</b> _____                                 | <b>Father:</b> _____  |                                |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
|  | <b>Mother:</b> _____  |                                |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
|  | <b>Mother's Maiden Name:</b> _____  |                                |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Baptism:</b>  | <table style="width:100%; border: none;"> <tr> <td><b>Baptismal Name:</b> _____</td> <td></td> </tr> <tr> <td><b>Date:</b> ____ / ____ / ____</td> <td><b>Status:</b> <u>Approximate / Yes / No / Unsure</u></td> </tr> <tr> <td><b>Performed by:</b> _____</td> <td></td> </tr> <tr> <td><b>Church Name:</b> _____</td> <td></td> </tr> <tr> <td><b>Church Address:</b> _____</td> <td></td> </tr> <tr> <td><b>Sponsor(s):</b> _____</td> <td></td> </tr> </table>   | <b>Baptismal Name:</b> _____   |   | <b>Date:</b> ____ / ____ / ____ | <b>Status:</b> <u>Approximate / Yes / No / Unsure</u> | <b>Performed by:</b> _____                 |   | <b>Church Name:</b> _____ |   | <b>Church Address:</b> _____ |                          | <b>Sponsor(s):</b> _____        |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Baptismal Name:</b> _____                             |   |                                |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Date:</b> ____ / ____ / ____                          | <b>Status:</b> <u>Approximate / Yes / No / Unsure</u>   |                                |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Performed by:</b> _____                               |   |                                |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Church Name:</b> _____                                |   |                                |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Church Address:</b> _____                             |   |                                |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Sponsor(s):</b> _____                                 |   |                                |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Chrismation:</b>                                      | <table style="width:100%; border: none;"> <tr> <td><b>Extra Info:</b> _____</td> <td></td> </tr> <tr> <td><b>Date:</b> ____ / ____ / ____</td> <td><b>Status:</b> <u>Approximate / Yes / No / Unsure</u></td> </tr> <tr> <td><b>Performed by:</b> _____</td> <td></td> </tr> <tr> <td><b>Church Name:</b> _____</td> <td></td> </tr> <tr> <td><b>Church Address:</b> _____</td> <td></td> </tr> <tr> <td><b>Sponsor(s):</b> _____</td> <td></td> </tr> </table>   | <b>Extra Info:</b> _____       |   | <b>Date:</b> ____ / ____ / ____ | <b>Status:</b> <u>Approximate / Yes / No / Unsure</u> | <b>Performed by:</b> _____                 |   | <b>Church Name:</b> _____ |   | <b>Church Address:</b> _____ |                          | <b>Sponsor(s):</b> _____        |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Extra Info:</b> _____                                 |   |                                |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Date:</b> ____ / ____ / ____                          | <b>Status:</b> <u>Approximate / Yes / No / Unsure</u>   |                                |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Performed by:</b> _____                               |   |                                |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Church Name:</b> _____                                |   |                                |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Church Address:</b> _____                             |   |                                |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Sponsor(s):</b> _____                                 |   |                                |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Talents:</b>  | <b>I would like to volunteer the following skills:</b><br>_____<br>_____  |                                |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |
| <b>Ministries:</b>                                       | <b>I would like to volunteer for the following ministries:</b><br>_____<br>_____  |                                |   |                                 |   |  |   |                           |   |                              |                          |                                 |   |                            |  |                           |  |                              |  |                          |  |   |   |                          |  |                                 |   |                            |  |                           |  |                              |  |                          |  |