

Zion Baptist Church Personal Data Card

Your contact Information

LAST NAME:*

FIRST NAME:*

STREET ADDRESS:*

EMAIL: *

PHONE NUMBER:*

PHONE NUMBER:*

BIRTH DATE*

SEX:* MALE FEMALE

STATUS: MARRIED SINGLE WIDOWED

NAME OF SPOUSE:

WEDDING ANNIVERSARY:

EMPLOYED: Y N SELF-EMPLOYED

OCCUPATION:

DATE OF CHURCH MEMBERSHIP

Ministry Interest

(tell us which Ministry you would like to volunteer to be a part)

Security Ministry , Seniors Ministry, Music Ministry, Hospitality Ministry, Martha's Kitchen, Prison Visitation Ministry, Evangelism Ministry, Christian Education Ministry, Zion's Institute, Children's Church, Psalmist Ministry, Audio/Visual Ministry, Hospital/Visitation Ministry, Marriage & Family Life Ministry,, Prayer Ministry, Youth L.I.N.C., Women's Ministry, Men's Ministry, Public Relations/Secretariat, Transportation Ministry.

LIST ANY SPECIAL SKILLS

LIST ANY LIMITATIONS/SPECIAL NEEDS

Submit