

Church Vital Signs Log

The Baptist General Convention has designed a way to help make your annual reporting much easier! This resource is available for you now! *Vital Signs Log* is an Excel spreadsheet that gives the church a way to enter ACP items on a weekly basis. The file generates graphs to show church trends throughout the year. At the end of the next reporting year the numbers from the Excel file can be used to quickly complete the Annual Church Profile. [Vital Signs Log is available to download from www.texasbaptists.org](http://www.texasbaptists.org). Click on "Annual Church Profile" and look for the Vital Signs link. Or go to texasbaptists.org/statistics

If you have questions, contact:

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Information Management Team, BGCT
Phone: 214-828-5369 or 888-244-9400
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Information Management Team
BGCT
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TEXAS BAPTISTS®

7557 Rambler Road, Suite 1200 | Dallas, TX 75231-2388
texasbaptists.org

Initial _____
Date _____
BGCT ID # _____



Association: _____
Church Name: _____
Mailing Address: _____
City: _____ County: _____ State: _____ Zip: _____

The purpose of the Annual Church Profile (ACP) is to enable your church to examine its yearly progress of ministry and growth. As you cooperatively share this information, associations, state conventions and Baptist agencies are better able to assist your church in all areas of church life. Thank you for helping us gather this very important information! See back cover for information on the Church Vital Signs Log which can make your annual reporting much easier.

ACP INSTRUCTIONS FOR BGCT AND SBCWorkspace

The ACP reporting processes for the BGCT and the SBCWorkspace (formerly SBDS-Southern Baptist Directory Service) have been combined into this one booklet format. Churches have the option to use either process.

If you use this booklet to complete your church profile keep a copy as a historical record for your files and return this booklet to your association per their instructions.

Please complete in this booklet:

- Statistical Profile (Pg. 3)** **Leadership Profile (Pg. 4)** **Historical Profile (Pg. 11)**

If your church needs a Spanish Annual Church Profile, please contact your associational office.
Si su iglesia necesita un Perfil Anual de la Iglesia en español, llame a las oficinas de su asociación local.

You have the option of entering ACP data on the internet or filling out a booklet. You can choose either the BGCT or the SBCWorkspace (formerly SBDS-Southern Baptist Directory Service) websites for entering on the internet. Please complete only this booklet or an internet version but not both.

Internet:

- **BGCT** — You can access all three parts of the ACP Profile at: https://tponline.bgct.org/ecustomer_enu or click on "myBGCT" at the top of our www.texasbaptists.org homepage. Login with your username and password (Use your BGCT ID# for both username and password. Contact the BGCT if you need to obtain your BGCT ID#.) on the right side of the screen. Click OK to enter the secure site. Once logged in, click on the Forms tab then click on Annual Church Profile to complete your statistics profile. Be sure and click Finish once your statistics are complete. Navigate back to the Forms tab and select ACP Historical Profile to complete Part 3 of the ACP. To edit your Leadership Profile, click on My Account near the top of the page and choose My Leadership under the My Information heading. Be sure to return a copy of the ACP information to your association.
- **SBCWorkspace (formerly SBDS-Southern Baptist Directory Service)** — You can also access the Statistical and Leadership Profiles at Lifeway SBCWorkspace (formerly SBDS-Southern Baptist Directory Service) at www.sbcworkspace.com. To access your account, use your SBC ID # and your SBC Password. Contact your association or the BGCT to obtain your SBC ID# and your SBC Password. Detailed instructions are on the website. Be sure to return a copy of the ACP information to your association.

Manual:

- Complete the booklet. Make a copy for your records and return the completed booklet to the association.
 - Review the address and general information at the top of the ACP form. If the top of the form is not filled in, then enter the name and address information.
 - If your congregation sponsors one or more church-type missions, do NOT include mission figures with your ACP. Instead, make sure a separate ACP is completed for each church-type mission your congregation sponsors. Extra booklets are available from your association.
1. **The Statistical Profile (page 3): Please enter statistical data for a full twelve months (see top of page 2 for Reporting Period definition).** Please see page 2 for all other detailed definitions.
 2. **The Leadership Profile (page 4):** Please enter the names, mailing addresses, Phone numbers and email addresses of your church leadership. Provide names only for the positions you have.
 3. **The Historical Profile (page 11):** A means to record significant events of your church. It also has a place to list names of members who passed away during the year. Make a copy of the form for your church records.
 4. **Mail or deliver your 2017 ACP forms** to your association on or before the due date supplied by your local association.
 5. **We ask that all ACP information be returned by the church/associations to the BGCT or submitted on-line by November 30, 2017.**

Person completing this form: _____ Position: _____

Phone: _____ Email Address: _____

Date: _____

STATISTICAL PROFILE DEFINITIONS

The definitions of the statistical items are worded to be general rather than program specific because not all churches use the same programs. For example, "Bible Study" and "Missions Education" can be done through different types of programs but the general purpose or goal would be the same.

REPORTING PERIOD: The Reporting Period for most associations runs from October 1, 2016 to September 30, 2017. Check with your association to see if your 12 month reporting period might be different.

1a. **TOTAL MEMBERS:** Total of both resident and nonresident members. Do NOT include in Items 1a. and 1b. persons who are members of any church-type missions which your congregation is sponsoring. (These members should be included in the ACP completed by the church-type mission.)

1b. **RESIDENT MEMBERS:** Resident members are those members who live close enough to your congregation to attend.

2. **TOTAL BAPTISMS:** Total number of baptisms during the 2016-2017 reporting year. (Add Items 2a-2d, total baptisms by age groups).

- a. Baptisms for 11 years and under
- b. Baptisms for 12 to 17 years of age
- c. Baptisms for 18 to 29 years of age
- d. Baptisms for 30 and up

3. **OTHER ADDITIONS:** Number who became members of your congregation during the 2016-2017 reporting year by ways other than baptism (letter of transfer, statement, etc.).

4. **WEEKLY WORSHIP ATTENDANCE:** Average number in the weekly worship service(s). If not kept, use the attendance for the last Sunday of the 2016-2017 reporting year.

5. **(a-b). BIBLE STUDY/SUNDAY SCHOOL/SMALL GROUP ATTENDANCE/ENROLLMENT:**

- a. Total Enrollment: Total number of persons enrolled in ongoing Bible Study/Sunday School/Small Groups.
- b. Weekly Average Attendance: Average number attending Bible study each week during the 2016-2017 reporting year. This may be an ongoing Sunday School class, Bible Study, Small Group, or similar group. Include all ages from babies to adults but not counting anyone twice.

6. **VBS ENROLLMENT:** Number enrolled in Vacation Bible School for your congregation.

7. **(a-d). TOTAL MISSION PROJECTS PARTICIPATION:** Total number of persons (male and female) in your congregation who participated in mission projects (such as World Changers, Disaster Relief, Baptist Builders, Acteen Activators, construction, church planting, evangelism, Bible clubs, surveys, etc.). Persons may be counted for each mission project in which they participated (Add Items 7a-7d).

- a. Local Community
- b. State

- c. U.S. & Canada
- d. International

8. **(a-c). MISSIONS EDUCATION:** Total number of individuals participating in missions education. This includes all WMU, Baptist Men & Boys, and Other missions education programs.

- a. WMU (Missions Friends, GA's, Acteens, etc.)
- b. Baptist Men and Boys (Challengers, RA's, etc.)
- c. Other Programs (Awana, TeamKID, etc.)

9. **UNDESIGNATED RECEIPTS GIVING:** Total amount of all undesignated gifts given by individuals. Undesignated receipts are gifts which the congregation decides how the money will be spent (by its budget or other means). This includes regular budget offerings and loose monies from the offering.

10. **TOTAL RECEIPTS GIVING:** Total amount of all money received by the congregation. This amount should be the total of Undesignated Receipts/Giving (Item 9), designated gifts, and other receipts (may include income from rentals, day school or kindergarten fees, savings, pastoral aid, parking fees, etc.).

11. **COOPERATIVE PROGRAM GIVING:** Total amount of all money given through the Cooperative Program during the 2016-2017 reporting year.

12. **ANNIE ARMSTRONG EASTER OFFERING:** Total amount of money given during the 2016-2017 reporting year to the Annie Armstrong Easter Offering for North American Missions.

13. **LOTTIE MOON CHRISTMAS OFFERING:** Total amount of money given during the 2016-2017 reporting year to the Lottie Moon Christmas Offering for International Missions.

14. **GREAT COMMISSION GIVING:** Total amount of all money given to all Southern Baptist mission causes by the congregation. This includes monies given to: Cooperative Program (Item 11), Annie Armstrong (Item 12), and Lottie Moon (Item 13) PLUS monies given to associations, state conventions, (such as a state missions offering), and any other Southern Baptist mission cause.

15. **TOTAL MISSIONS EXPENDITURES/GIVING:** Total amount of all money given to Southern Baptist and non-Southern Baptist mission causes by the congregation. This includes Great Commission Giving (Item 14) PLUS any additional monies given for non-Southern Baptist mission causes. (Item 15 should be equal to or larger than Item 14).

16. **TOTAL GIVEN TO ASSOCIATIONAL MISSIONS:** Total amount of all money given to your local Association for missions during the 2016-2017 reporting year.

17. **MARY HILL DAVIS STATE MISSIONS OFFERING:** Total amount of money given during the 2016-2017 reporting year to the Mary Hill Davis Offering for Texas State Missions.

2017 CHURCH HISTORICAL PROFILE

REPRESENTATIVES ON ASSOCIATIONAL EXECUTIVE BOARD

Name	Street, RT, Box	City, State, Zip+4	Phone:
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MESSENGERS TO THE ASSOCIATION

Name	Street, RT, Box	City, State, Zip+4	Phone:
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MISSION(S) OPERATED BY CHURCH (Include pastor's name and address)

Mission Name	Name of Pastor	Street, RT, Box	City, State, Zip+4
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IF YOUR CHURCH HAD A CHANGE IN PASTOR(S) INCLUDING INTERIM DURING THE YEAR; LIST THE PASTOR(S) WHO LEFT AND HIS ADDRESS AND THE DATE HE LEFT.

Name	Street, RT, Box	City, State, Zip+4	Date Left
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MINISTERS LICENSED DURING THE YEAR

Name	Street, RT, Box	City, State, Zip+4	Phone:
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MINISTERS ORDAINED DURING THE YEAR

Name	Street, RT, Box	City, State, Zip+4	Phone:
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HISTORICAL EVENTS OF INTEREST DURING ASSOCIATIONAL YEAR (New buildings, dedications, new ministries, new missions, etc.)

MEMBERS DECEASED DURING THE YEAR (Indicate Mr., Mrs., Miss, Deacon, Ordained Minister)

NAME	NAME	NAME
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Attach additional pages if needed.

Baptist Men/Brotherhood (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Evangelism (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Prayer (your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Media/Library (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Attach additional pages if needed.

2017 ANNUAL CHURCH STATISTICAL PROFILE

Do not leave any empty blanks. If you do not have specific data to report please enter zero.

Initial _____

Date _____

BGCT ID # _____

Congregation: _____ Association: _____

Year Organized: _____ BGCT ID: _____

Legal Name: _____ BGCT Password: _____

Federal Employer Identification Number: _____ SBC ID: _____

_____ SBC Password: _____

Mailing _____ Street _____

Address: _____ Address: _____ County: _____

Phone: _____ Fax: _____

Email: _____ Web Address: _____

Facebook: _____ Twitter: _____

Largest Ethnic Group: _____ If Mission: _____

_____ SponsorName & City: _____

Sr. Pastor Name: _____ SBC ID: _____

Year Sr. Pastor Came: _____ BGCT ID: _____

MEMBER INFORMATION

1a. [] Total Members

1b. [] *Resident Membership

2. [] Total Baptisms

↑ sum of a-d

[] a. 11 years and under, baptisms

[] b. 12-17 years of age, baptisms

[] c. 18-29 years of age, baptisms

[] d. 30 and up, baptisms

3. [] Other Additions

4. [] Weekly Worship Attendance

BIBLE STUDY

5a. [] *Total Bible Study/Sunday School/Small Group Enrollment

5b. [] Weekly Bible Study/Sunday School/Small Group Average Attendance

MISSIONS

6. [] VBS Enrollment

7. [] Total Mission Projects Participation

↑ sum of a-d

[] a. Local Community

[] b. State

[] c. U.S. & Canada

[] d. International

MISSIONS EDUCATION

8a. [] *Total WMU (Mission Friends, GA's, Acteens, etc.)

8b. [] *Total Baptist Men and Boys (Challengers, RA's, etc.)

8c. [] *Total Other Programs (Awana, TeamKID, etc.)

FINANCIAL INFORMATION (Whole Dollars)

9. [] Undesignated Receipts/Giving

10. [] Total Receipts/Giving

11. [] Cooperative Program Giving

12. [] Annie Armstrong Easter Offering

13. [] Lottie Moon Christmas Offering

14. [] Great Commission Giving

15. [] Total Missions Expenditures/Giving

16. [] *Total Given to Associational Missions

17. [] *Mary Hill Davis State Missions Offering

*Supplemental Information for the BGCT & Associations

Person completing this form _____ Date _____

2017 CHURCH LEADERSHIP PROFILE

READ THIS ENTIRE PAGE BEFORE BEGINNING.

Use of Leadership Information

The names and contact information collected through the ACP process are used to compile the official lists of church staff and other positions. Associations and conventions use these names and contact information to communicate helpful information. Persons receiving such communication may request to be removed from future mailings. Lists are not made available to individuals or groups outside Baptist life.

Completing the Leadership Profile

Please enter the names, mailing addresses, Phone numbers and email addresses of your church leadership. Select the closest match to your church positions. If the title does not match exactly, you can change it in the space provided. For combination positions, i.e., music and youth, select one position and rename the current title.

If your church has more positions than those listed, feel free to list those on additional sheets and keep for your historical records.

Positions on this profile:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Senior Pastor | <input type="checkbox"/> Treasurer/Stewardship/
Finance Chairman | <input type="checkbox"/> Adults | <input type="checkbox"/> WMU Director |
| <input type="checkbox"/> Associate Pastor | <input type="checkbox"/> Youth | <input type="checkbox"/> Senior Adults | <input type="checkbox"/> Baptist Men/
Brotherhood |
| <input type="checkbox"/> Music | <input type="checkbox"/> Children | <input type="checkbox"/> Young Adults | <input type="checkbox"/> Evangelism |
| <input type="checkbox"/> Education | <input type="checkbox"/> Preschool | <input type="checkbox"/> Single Adults | <input type="checkbox"/> Prayer |
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Missions | <input type="checkbox"/> Bible Study (Sunday School) | <input type="checkbox"/> Media/Library |
| <input type="checkbox"/> Church Secretary | <input type="checkbox"/> College | <input type="checkbox"/> Discipleship Training | |
| <input type="checkbox"/> Church Clerk | | <input type="checkbox"/> Women's Ministry | |
| <input type="checkbox"/> Deacon Chairman | | | |

- Other (examples include: Pastoral Care/Counseling, Technology, Multi-housing, Restorative Justice, Weekday Care, Community Ministries, Recreation, Special Needs, Creative Arts, Media/Communications, Worship Pastor/Leader)

Senior Pastor (Your position title, if different) _____

Name: _____ Start date: _____
 Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms
 Mailing Address: (Check one) Home Church
 Address: _____ City: _____ County: _____ State: _____ Zip: _____
 Phone: _____ Home Church Cell Business
 Email address: _____ Home Church
 Twitter: _____
 Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained
 Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Associate Pastor (Your position title, if different) _____

Name: _____ Start date: _____
 Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms
 Mailing Address: (Check one) Home Church
 Address: _____ City: _____ County: _____ State: _____ Zip: _____
 Phone: _____ Home Church Cell Business
 Email address: _____ Home Church
 Twitter: _____
 Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained
 Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Bible Study (Sunday School) (Your position title, if different) _____

Name: _____ Start date: _____
 Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms
 Mailing Address: (Check one) Home Church
 Address: _____ City: _____ County: _____ State: _____ Zip: _____
 Phone: _____ Home Church Cell Business
 Email address: _____ Home Church
 Twitter: _____
 Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained
 Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Discipleship Training (Your position title, if different) _____

Name: _____ Start date: _____
 Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms
 Mailing Address: (Check one) Home Church
 Address: _____ City: _____ County: _____ State: _____ Zip: _____
 Phone: _____ Home Church Cell Business
 Email address: _____ Home Church
 Twitter: _____
 Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained
 Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Women's Ministry (Your position title, if different) _____

Name: _____ Start date: _____
 Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms
 Mailing Address: (Check one) Home Church
 Address: _____ City: _____ County: _____ State: _____ Zip: _____
 Phone: _____ Home Church Cell Business
 Email address: _____ Home Church
 Twitter: _____
 Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained
 Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

WMU Director (Your position title, if different) _____

Name: _____ Start date: _____
 Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms
 Mailing Address: (Check one) Home Church
 Address: _____ City: _____ County: _____ State: _____ Zip: _____
 Phone: _____ Home Church Cell Business
 Email address: _____ Home Church
 Twitter: _____
 Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained
 Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Adults (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: ____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Senior Adults (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: ____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Young Adults (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: ____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Single Adults (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: ____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Music (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: ____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Education (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: ____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Administrator (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: ____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Church Secretary (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: ____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Church Clerk (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Deacon Chairman (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Treasurer/Stewardship/Finance Chairman (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Youth (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Children (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Preschool (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Missions (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

College (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)