

# Emmanuel Temple Apostolic Church

900 6<sup>th</sup> Street • Vallejo, CA 94590 • (707) 642-2391  
Suffragan Bishop Bryan E. Harris, Pastor

## Member Information Sheet

New Member       Change of address (Section 1)       Change in family/emergency contact (Section 2)

### SECTION 1.

Today's Date: \_\_\_\_\_ Membership Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Your Current Employment (if any): \_\_\_\_\_

Are you: Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Wedding Date: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Name of Spouse \_\_\_\_\_ Years Married \_\_\_\_\_

### SECTION 2. Children (Minors Living with you)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

### Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### SECTION 3. Please complete the following:

Have you been baptized in the **Name of Jesus Christ** by full immersion in water? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, **When?** \_\_\_\_\_ **Where?** \_\_\_\_\_

Have you been filled with the Holy Ghost with the initial evidence of speaking in tongues? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, **When?** \_\_\_\_\_

**Where?** \_\_\_\_\_

What are your personal expectations of a church? \_\_\_\_\_

What are your expectations of a pastor? \_\_\_\_\_

How did you find out about Emmanuel Temple? \_\_\_\_\_

**Previous Church History:**

Name of church you last attended and where (if any) \_\_\_\_\_

Name of Pastor \_\_\_\_\_

Were you a member of this church? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how long? \_\_\_\_\_

Have you informed the Pastor about leaving this church? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain? \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Why did you choose Emmanuel Temple? \_\_\_\_\_

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**SECTION 4.**

**Please complete the following:**

- Please check the area(s) of ministry you are interested in serving. (check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Men's Ministry/Mentoring Boys                              | <input type="checkbox"/> Hospitality (Greeter/Guest Services)      | <input type="checkbox"/> Multimedia Ministry        |
| <input type="checkbox"/> Women's Ministry/Mentoring Girls                           | <input type="checkbox"/> Evangelism (Altar/Outreach)               | <input type="checkbox"/> Senior (Saints) Ministry   |
| <input type="checkbox"/> Youth & Young Adult Ministry                               | <input type="checkbox"/> Temple Keepers (Church Clean-up)          | <input type="checkbox"/> Transportation Ministry    |
| <input type="checkbox"/> Children's Ministry/Nursery                                | <input type="checkbox"/> Public Relations/Neighborhood Association | <input type="checkbox"/> Prison Ministry            |
| <input type="checkbox"/> Singles' Ministry  | <input type="checkbox"/> Office Assistant (Typing, Filing)         | <input type="checkbox"/> Foreign Missions           |
| <input type="checkbox"/> Christian Education (Sunday School)                        | <input type="checkbox"/> Ambassadors (Ushers)                      | <input type="checkbox"/> Book Store/Resource Center |
| <input type="checkbox"/> Marriage & Family Ministry                                 | <input type="checkbox"/> Food/Clothing Ministry                    | <input type="checkbox"/> Pastor's Aid               |
| <input type="checkbox"/> Domestic Violence Response                                 | <input type="checkbox"/> Audio/Video Ministry                      | <input type="checkbox"/> Disaster Response          |
| <input type="checkbox"/> Music & Worship Arts Ministry (Choir/Praise Team/Musician) |  |   |

- Indicate your areas of professional experience/skills:

- |  |   |
|--|---|
| <input type="checkbox"/> Clerical/Administrative/Secretarial | <input type="checkbox"/> Technical/Computer |
| <input type="checkbox"/> Management/Supervisory              | <input type="checkbox"/> Other: _____       |
| <input type="checkbox"/> Financial                           | <input type="checkbox"/> Other: _____       |

- What area(s) of the church have you served in?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

- What talents/gifts/abilities do you have, or hobbies/activities do you enjoy (i.e., art, cooking, foreign languages, singing)?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

- What is your passion (what do you really want to do or become in life)? Briefly describe.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**SECTION 5.**

- Have you enrolled in the New Members Orientation Class (Yes / No)  
Date completed: \_\_\_\_\_
- Have you enrolled in the Discipleship Training Course (Yes / No)  
Date completed: \_\_\_\_\_
- Have you received a New Member's Packet (Yes / No)
- Met with the Pastor? (Yes / No)
- Assigned to C.A.R.E. Group? (Yes / No) \_\_\_\_\_

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**For Office Use Only**

- New Member Meeting Completed by \_\_\_\_\_ Date \_\_\_\_\_
- Data Entry Completed by \_\_\_\_\_ Date \_\_\_\_\_