

# Chapel West Church

## Member Profile

PLEASE PRINT

### PERSONAL INFORMATION

Name \_\_\_\_\_  
( Last) (First) (Middle/Maiden)

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

Mailing Address (if different) \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code)

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

Fax (\_\_\_\_) \_\_\_\_\_ (Home) E-Mail \_\_\_\_\_

\_\_\_\_ Head of Household      \_\_\_\_ Single      \_\_\_\_ Male  
\_\_\_\_ Spouse      \_\_\_\_ Married      \_\_\_\_ Female  
\_\_\_\_ Dependent      \_\_\_\_ Widowed  
\_\_\_\_ Other      \_\_\_\_ Separated  
\_\_\_\_ Divorced

Birth Date: DD \_\_\_\_ MM \_\_\_\_ YY \_\_\_\_      Wedding Anniversary: DD \_\_\_\_ MM \_\_\_\_ YY \_\_\_\_

Occupation \_\_\_\_\_      Employer \_\_\_\_\_

Retired \_\_\_\_ Y \_\_\_\_ N

### CHURCH INFORMATION

\_\_\_\_ Member of Chapel West      If Member of Chapel West how did you join?  
\_\_\_\_ Not a Member of Chapel West      \_\_\_\_ Baptism  
\_\_\_\_ In Process of Transfer      \_\_\_\_ Letter of transfer  
How long have you attended Chapel West      From \_\_\_\_\_  
\_\_\_\_ Years \_\_\_\_ Months      \_\_\_\_ Profession of Faith

How many home visits from your elder would you welcome at home per year? \_\_\_\_ 0 \_\_\_\_ 1 \_\_\_\_ 2. \_\_\_\_ 3+

### FAMILY INFORMATION

Spouse \_\_\_\_\_      Birth Date \_\_\_\_\_      SDA \_\_\_\_ Y \_\_\_\_ N

Occupation \_\_\_\_\_      Employer \_\_\_\_\_

**NOTE:** The information requested in this Member Profile form will be used for ministry purposes only-assisting the Chapel West Board in updating our records, communicating with our members and serving the needs of the congregation. When completed, please mail to the Church Records Office (P.O. Box 51657, Indianapolis, IN 46241) or Mark your envelop "Church Records" and place in the offering plate. (Please continue to the next page)

Children Living at Home

First Name	Last Name	Birth Date	Baptized		School Attending
			Y	N	

**Church Offices/Ministries Record**

Instructions: Provide information for each church office or ministry in which you have served (any SDA Church) and check those which you would be willing to serve in the future. Enter one letter (the appropriate code) in each column.

Church Offices Held or Ministry Served	Years served in that Ministry F-Few (1-4yrs) M=Many (5+yrs)	Currently Serving Y=Yes N=No	Enjoyment Experience H=High M=Medium L=Low	Success Experience d H=High M=Medium L=Low	Willing to Serve in the Future Y=Yes N=No
2. Deacon					
3. Deaconess					
4. Pathfinder Director					
5. Personal Ministries					
6. Greeter					
7. AV					
8. Communications					
9. Health/Temperance					
10. Religious Liberty					
11. Organist/Pianist					
12. Social Director					
13. Newsletter Editor					
14. Prison Ministry					
15. Lay Bible Worker					
16. Visiting Church Guests					
17. Volunteer Secretarial					
18. Other _____					
19. Other _____					

<b>Ministry Teams or Committees Served On</b>	<b>Years served in that Ministry</b> F-Few (1-4yrs) M=Many (5+yrs)	<b>Currently Serving</b> Y=Yes N=No	<b>Enjoyment Experience</b> H=High M=Medium L=Low	<b>Success Experienced</b> H=High M=Medium L=Low	<b>Willing to Serve in the Future</b> Y=Yes N=No
20. Social					
21. Home and School					
22. Community Services					
23. Path Finders					
24. Family Life					
25. Building					
26. Finance					
27. Flower					
28. School Board					
29. Fellowship Dinner					
30. Small Group					
31. Cell Church					
32. Soup Kitchen					
33. Worship/music					
34. Other _____					

<b>Sabbath School Divisions You Have served in.</b>	<b>Years served in that Ministry</b> F-Few (1-4yrs) M=Many (5+yrs)	<b>Currently Serving</b> Y=Yes N=No	<b>Enjoyment Experience</b> H=High M=Medium L=Low	<b>Success Experienced</b> d H=High M=Medium L=Low	<b>Willing to Serve in the Future</b> Y=Yes N=No
35. Adult					
36. Young Adult					
37. Collegiate					
38. Youth (High School)					
39. Earliteen (Jr. High)					
40. Junior (10-12 yrs)					
41. Primary (7-9 yrs)					
42. Kindergarten (4-6 yrs)					
43. Cradle Roll (21 mos.-3 yrs)					
44. Nusery (Birth-12 mos)					
45. Other _____					

Ministries Performed in the Above Sabbath School Divisions	Years served in that Ministry F-Few (1-4yrs) M=Many (5+yrs)	Currently Serving Y=Yes N=No	Enjoyment Experience H=High M=Medium L=Low	Success Experience d H=High M=Medium L=Low	Willing to Serve in the Future Y=Yes N=No
46. General Superintendent					
47. Superintendent					
48. Director/Leader					
49. Teacher					
50. Secretary					
51. Greeter					
52. Pianist					
53. Helper					
54. Song Leader					
55. Social Coordinator					
56. Other _____					

### Life Skill Inventory

**Instruction:** Place a check to the left of each area in which you have skills that would be willing to use to contribute to the mission of Chapel West.

<input type="checkbox"/> 1. Bible Studies	<input type="checkbox"/> 23. Gardening	<input type="checkbox"/> 45. Gardening
<input type="checkbox"/> 2. Chaplain	<input type="checkbox"/> 24. Grounds Maintenance	<input type="checkbox"/> 46. Receptionist
<input type="checkbox"/> 3. Group Prayer Intercession	<input type="checkbox"/> 25. Landscaping	<input type="checkbox"/> 47. Secretary
<input type="checkbox"/> 4. Literature Evangelist	<input type="checkbox"/> 26. Plant Care	<input type="checkbox"/> 48. Wedding Coordinator
<input type="checkbox"/> 5. Pastor	<input type="checkbox"/> 27. Snow Removal	<input type="checkbox"/> 49. Advertising
<input type="checkbox"/> 6. Small Prayer Group Leader	<input type="checkbox"/> 28. Artist	<input type="checkbox"/> 50. Marketing
<input type="checkbox"/> 7. Church Office Volunteer	<input type="checkbox"/> 29. Desktop Publishing	<input type="checkbox"/> 51. Real Estate
<input type="checkbox"/> 8. Make Telephone Calls	<input type="checkbox"/> 30. Graphic Designing	<input type="checkbox"/> 52. Sales
<input type="checkbox"/> 9. Hospital Visitation	<input type="checkbox"/> 31. Journalism/Writing	<input type="checkbox"/> 53. Cooking School
<input type="checkbox"/> 10. Host Overnight Guests	<input type="checkbox"/> 32. Printer	<input type="checkbox"/> 54. Dietitian
<input type="checkbox"/> 11. Member Visitation	<input type="checkbox"/> 33. Public Relations	<input type="checkbox"/> 55. Food service
<input type="checkbox"/> 12. Shut-in Visitation	<input type="checkbox"/> 34. Computer Repair	<input type="checkbox"/> 56. Dentist
<input type="checkbox"/> 13. Visit Interests	<input type="checkbox"/> 35. Day Care Worker	<input type="checkbox"/> 57. Medical Field (Specify _____)
<input type="checkbox"/> 14. Visitation of Former Members	<input type="checkbox"/> 36. Teacher: Preschool	<input type="checkbox"/> 58. Counseling
<input type="checkbox"/> 15. Librarian	<input type="checkbox"/> 37. Teacher: Elementary	<input type="checkbox"/> 59. Lawyer
<input type="checkbox"/> 16. Photographer	<input type="checkbox"/> 38. Teacher: High School	<input type="checkbox"/> 60. Social Work
<input type="checkbox"/> 17. Seminar Presentation	<input type="checkbox"/> 39. Teacher: College	<input type="checkbox"/> 61. Athletics/Recreation
<input type="checkbox"/> 18. Child Care During Church	<input type="checkbox"/> 40. Other _____	<input type="checkbox"/> 62. Architect
<input type="checkbox"/> 19. Craft Class Teacher	<input type="checkbox"/> 41. Accounting	<input type="checkbox"/> 63. Airplane Mechanic
<input type="checkbox"/> 20. Choir/Band/Ochestra	<input type="checkbox"/> 42. Administration	<input type="checkbox"/> 64. Airplane Pilot
<input type="checkbox"/> 21. Solo Musician: Vocal	<input type="checkbox"/> 43. Bookkeeping	<input type="checkbox"/> 65. Construction
<input type="checkbox"/> 22. Solo Musician: Instrument (Specify _____)	<input type="checkbox"/> 44. Customer Service	<input type="checkbox"/> 66. Other: _____