



Come to the Table

Newcomer Profile

We would like to get to know you better! Information you provide will not be shared with any third parties. If you don't feel comfortable answering a question, you may leave it blank.

Contact Information			
Head of household name:		Birthdate:	
Occupation:	Email Address:		
Check if you would like to be added to the church email list:		<input type="checkbox"/>	
Spouse name (if applicable):		Birthdate:	
Occupation:	Email Address:		
Check if you would like to be added to the church email list:		<input type="checkbox"/>	
Anniversary Date (if applicable):			
Child Name (if applicable):		Birthdate:	
Child Name (if applicable):		Birthdate:	
Child Name (if applicable):		Birthdate:	
Child Name (if applicable):		Birthdate:	
Mailing Address:	City:	State:	Zip:
Primary Phone:		Secondary Phone:	
How did you hear about this church? <input type="checkbox"/> Website/Internet <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Other _____			
Were you invited by someone? If so, who? _____			
Former church home (if applicable) _____			
Please check any ministries you're interested in knowing more about: <input type="checkbox"/> Sunday School/Small Group <input type="checkbox"/> Age-group ministries <input type="checkbox"/> Church membership <input type="checkbox"/> Men's/Women's ministries			
Please check any areas of ministry you may be interested in serving. Checking one does not sign you up for anything. It simply indicates your area(s) of gifts/interest: <input type="checkbox"/> Choir/Vocalist <input type="checkbox"/> Instrumentalist <input type="checkbox"/> Children's Ministry <input type="checkbox"/> Youth Ministry <input type="checkbox"/> Hospitality/Food Preparation <input type="checkbox"/> Teaching/Tutoring English <input type="checkbox"/> Media <input type="checkbox"/> Care ministry <input type="checkbox"/> Leading a Sunday School/Small Group <input type="checkbox"/> Greeter/Usher <input type="checkbox"/> Maintenance/Repair <input type="checkbox"/> Other _____			
Special family needs? Other comments?			