



First Name: _____ Last Name: _____
Middle Name: _____ Goes By Name: _____
Title: _____ DOB: ____/____/____

Please enter your Full Legal Name - One form for each adult

Address: _____
Cell Phone: _____ Home Phone: _____ Business Phone: _____
Preferred Email: _____ Marital Status: _____
Occupation: _____ Have you been baptized? Y N

How are you joining VPC?

- a. Confession of Faith – first time confessing faith and need to be baptized
 b. Reaffirmation of Faith – no membership to transfer
 c. Letter of Transfer – transferring **recent** membership from another church

May we write for a Letter of Transfer? Y N

If (b) or (c), please state the name, city and state of the church with which you were last in membership:

Name: _____ City, State: _____

Have you been ordained/installed as an officer in a previous Presbyterian church?

- Elder, year ordained _____ Deacon, year ordained _____

Names and addresses of churches where ordained/installed: _____

How did you hear about VPC?

- Family/Friends Word of Mouth Mailing/Brochures Website Traveled By Presbytery Website

Why did you choose VPC? _____

Current VPC Connections

I am connected to VPC through these ways: _____

I am serving/volunteering through these ministries: _____

Other: _____

Family Information (if applicable)

Spouse's Full Name: _____

VPC Member: Y N Member of another church: Y N

Children (list all children under the age of 18 living with you):

Full legal name: _____	Goes by: _____
DOB: ____/____/____ Gender: _____ Grade: _____	Baptized: <input type="checkbox"/> Y <input type="checkbox"/> N
Full legal name: _____	Goes by: _____
DOB: ____/____/____ Gender: _____ Grade: _____	Baptized: <input type="checkbox"/> Y <input type="checkbox"/> N
Full legal name: _____	Goes by: _____
DOB: ____/____/____ Gender: _____ Grade: _____	Baptized: <input type="checkbox"/> Y <input type="checkbox"/> N
Full legal name: _____	Goes by: _____
DOB: ____/____/____ Gender: _____ Grade: _____	Baptized: <input type="checkbox"/> Y <input type="checkbox"/> N

Volunteer Interests (*This is simply to note interest, not commitment*)

- Audio/Visual Using your technology skills to support slides, sound system, Livestream, etc
- Children's Ministry Caring for, serving and mentoring the youngest of our church family, from infants to elementary age
- Disabilities Ministry Working with children, teens, or adults with disabilities
- Group Leadership Facilitating a discipleship small group or class
- Group Participant Participating with a small group, Bible study or class
- Hospitality Making people feel welcome on Sunday mornings or at church functions (cooking, serving, greeting, decorating, etc)
- Missions Supporting or serving with local mission efforts, mission trips local and abroad, responses to natural disasters, support for refugees, or special events
- Music Ministry Sharing your instrument or voice for worship, special events, or accompanying children's and youth choirs
- Safety and Security Serving with those who evaluate safety, security, and property care
- Senior Ministry Serving and caring for our older generations
- Special Events Assisting with larger gatherings (Easter Festival, Trunk or Treat, Church Street Stroll, etc)
- Youth Ministry Serving, mentoring, and caring for teenagers in our church
- Other _____

Skills (*Please note your gifts*)

- | | | | |
|--|--------------------------------------|--|---|
| <input type="checkbox"/> Building | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Planning | <input type="checkbox"/> Tutoring students in the community |
| <input type="checkbox"/> Communicating | <input type="checkbox"/> Leading | <input type="checkbox"/> Prayer | <input type="checkbox"/> Videography |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Skilled Dental | <input type="checkbox"/> Welcoming |
| <input type="checkbox"/> Decorating | <input type="checkbox"/> Organizing | <input type="checkbox"/> Skilled Medical | <input type="checkbox"/> Writing or Editing |
| <input type="checkbox"/> Encouraging | <input type="checkbox"/> Performing | <input type="checkbox"/> Teaching | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Photography | <input type="checkbox"/> Teaching English (ESOL) | |