



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) |   |