

PLEASE PRINT

Church Ministries Involvement Profile

PLEASE PRINT

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Name of Local Church _____

Date of Birth _____ Wedding Anniversary _____

Name of Spouse _____

Home# (____) ____ - ____ Work# (____) ____ - ____

Cell# (____) ____ - ____ Fax# (____) ____ - ____

Other# _____

Email _____ Website _____

Are you a credentialed minister in the Church of God? Yes No

If so, indicate the correct level of ministry. Exhorter Ordained Minister Ordained Bishop

Mark the area(s) of ministry you are involved in at your local church (*Check all that apply*):

- Senior Pastor Pastor's Spouse Associate Pastor Church Treasurer Women's Ministries
- Youth Leader YWEA Rep College Ministries Children's Leader Girls Ministries
- Boys Ministries Singles Ministries World Missions Music Ministries Men/Women of Action
- Men's Ministries Lay Ministries Military Ministry Chaplains Evangelism/Outreach
- Retired Ministers Senior Adult Prison Ministries Ethnic Ministries (specify) _____

List other areas of ministry involvement

Would you like to receive emails from the State Office to keep you informed of upcoming events related to your area of ministry? Yes No

Please complete and return to:
ENC Church of God State Executive Offices - PO Box 100 - Kenly, NC 27542