



Personal Profile Form

Tithe #: _____

Please Print Clearly

Today's Date: ___/___/___

Gender: Male Female

D.O.B.: ___/___/___

First Name: _____ M.I. ___ Last Name: _____ Age: _____

Marital Status: Married Single Divorced Widowed

Home Address: _____

Apt. _____

City: _____ State: _____ Zip: _____ Cell: (____) _____

Home Tel.: (____) _____ Work Tel.: (____) _____

E-mail: _____

Mailing Address, if different from Home Address (P.O. Box)

Mailing Address: _____ Apt. _____ City: _____ State: _____ Zip: _____

What is your Current Occupation/Trade? _____

If Married, Spouse:

First Name: _____ M.I. ___ Last Name: _____ D.O.B.: ___/___/___

What is their Current Occupation/Trade? _____

Do you have any children? If so, What are their names?

First Name: _____ M.I. ___ Last Name: _____ D.O.B.: ___/___/___

First Name: _____ M.I. ___ Last Name: _____ D.O.B.: ___/___/___

First Name: _____ M.I. ___ Last Name: _____ D.O.B.: ___/___/___

First Name: _____ M.I. ___ Last Name: _____ D.O.B.: ___/___/___

Attach
A
Picture
Of
Yourself
Here

In case of an emergency, contact:

First Name: _____ Last Name: _____ Tel.: () _____

How long have you been born again? _____ Years _____ Months _____ Weeks

Have you been baptized? Yes No

If yes, please provide name of church: _____

How long have you been attending Harvest Fields? _____ Years _____ Months _____ Weeks

Would you like to request a tithing number? Yes No

Have you completed the "Experiencing God" class? Yes No if yes, date of completion: ___/___/___

Are you currently involved in any ministry at Harvest Fields? Yes No

If yes, please list all ministries: _____

Do you have any talents/skills and/or abilities that HFCC could utilize? Yes No

If yes, please list all ministries: _____

Please select any church ministry that you may be interested in joining:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Ushers/ Security* | <input type="checkbox"/> Prayer Warriors | <input type="checkbox"/> Hospitality/ Resource Center | <input type="checkbox"/> Father's Heart |
| <input type="checkbox"/> Nursery/Sunday School* | <input type="checkbox"/> Audio/Video | <input type="checkbox"/> A.C.T. Outreach | <input type="checkbox"/> CD Sales |
| <input type="checkbox"/> Pioneers Club* | <input type="checkbox"/> Altar Workers* | <input type="checkbox"/> Worship [vocal/instrumental] | <input type="checkbox"/> Prison Ministry |
| <input type="checkbox"/> Home & Hospital visitation | | | |

Do you have any additional comments or Prayer Request? _____

FOR OFFICE USE ONLY

Entered by: _____ Date Entered: ___/___/___

Comments: _____