\6 Hope Road Kgn. 10

(A member of the Jamaica Baptist Union)

# Member/Visitor Information Form

## Biographic Information

First Name: Click here to enter text. Middle Name: Click here to enter text.

Surname:

Member Photograph

|  |
| --- |
|  |

Click on the icon above to upload your photograph.

Address Line 1: Click here to enter text.

Address Line 2: Click here to enter text.

Parish: Choose an item. Postal Code: Click here to enter text.

Home telephone: Cellular phone numbers:

E-mail address:

Gender: Male Female Date of Birth: Click here to enter a date.

Marital Status: Choose an item. Wedding date: Click here to enter a date.

Date of baptism or transfer Click here to enter a date.

## Family Information

Other members of the household attending Bethel

1. Name Click here to enter text. Member? Yes  No Birthday Click here to enter a date.

Relation: Choose an item.

2. Name Click here to enter text. Member? Yes  No Birthday Click here to enter a date.

Relation: Choose an item.

3. Name Click here to enter text. Member? Yes  No Birthday Click here to enter a date.

Relation: Choose an item.

4. Name Click here to enter text. Member? Yes  No Birthday Click here to enter a date.

Relation: Choose an item.

## Occupation Data

Occupation/Vocation: Click here to enter text.

Highest level of Education: Primary Secondary Associate Tertiary Post-Graduate

Special Skills/Interests: Click here to enter text.

## Ministry Interests

Please click on the appropriate checkboxes to indicate your area(s) of involvement

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Usher | Worship Leader | Preacher | Hospitality | YRM |
| Musician | Instrument(s) Played: |  |  |  |
| Adult Choir | Take 2 | Youth Chorale | Children’s Choir | Ensemble |
| Drama Ministry | Dance Troupe | Bethel Steel Orchestra | GIFT | 4:12 Generation |
| Sunday School Student ☐ | Sunday School Teacher ☐ | Junior Church ☐ | Bethel Lay Institute | Legal Aid Clinic |
| Mission & Evangelism | The Bethel Foundation | Prayer Ministry | HIV/AIDS Outreach | Visitation Ministry |
| Bible Study | Women’s Federation | Men’s Brotherhood | House Prayer Fellowship | Birth Month Group |
| Rays of Sunshine | Bereavement Support Group | Bethel Thrift Cooperative Society | Skills Training | Cyber Centre |
| Communications Ministry | Homeless Ministry | Wholistic Health Promotion | Holistic Healing Ministry | Life Coaching Ministry |
| Bethel Adult Education Centre | Homework Centre | Library | Mission in Education: Basic Schools | Student Affairs |
| Environmental Stewardship Group | Seniors in Action | Bethel Thrift Cooperative |  |  |

Other areas you are interested in serving in:

Click here to enter text.

**Emergency Contact**

In case of emergency whom should we contact?

Name: Click here to enter text.

Relation: Click here to enter text.

Contact number: Click here to enter text.

E-mail address: Click here to enter text.

## **Photograph**

The photograph uploaded above should meet the following criteria:

* The photo should capture your top half/bust against a light coloured background.
* Please avoid dark settings.
* There should be no other individual in the photo.
* Ideally you should be standing or seated in an upright position.
* A passport size photo would be ideal for submission.

Can the church project your photo during the month of your birth or on any other special occasion?

Yes  No

**DATA PRIVACY**

Please place a tick in the box.

I give express consent to Bethel Baptist Church, its designated officers, employees, agents and representatives to process and use my Personal Information collected on this Member/Visitor Information Form and updated periodically (which shall include my name, address, date of birth, phone number, and sensitive data such as biometric data). I acknowledge that information on how Bethel Baptist Church will process my Personal Information is detailed in Bethel Baptist Church’s [Privacy Policy](https://www.bbchwtmembers.com/Home/PrivacyPolicy).

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Signed Date