6 Hope Road Kgn. 10­­

(A member of the Jamaica Baptist Union)

# Member/Visitor Information Form­

## **Biographic Information**

First Name: Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Line 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Line 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parish: Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home telephone: Cellular phone numbers:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Male Female Date of Birth: (dd/mm/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: Wedding date: (dd/mm/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member of Bethel  Visitor to Bethel

Date of baptism or transfer: (dd/mm/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **Family Information**

Other persons within your household attending Bethel

1. Name: \_\_ Member? Yes  No

Birthday (dd/mm/yyyy) Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name: \_\_ Member? Yes  No

Birthday (dd/mm/yyyy) Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name: \_\_ Member? Yes  No

Birthday (dd/mm/yyyy) Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Name: \_\_ Member? Yes  No

Birthday (dd/mm/yyyy) Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **Occupation Data**

Occupation/Vocation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Special Skills/Interests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## **Ministry Interests**

Please check 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact**

In case of emergency whom should we contact?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **Photograph**

Please submit to the church office at your earliest convenience a photograph of yourself. The photo 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. You may either submit physically, submit a soft copy or scan and submit to [bethelbaptisthwt.ja@gmail.com](mailto:bethelbaptisthwt.ja@gmail.com)

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).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed Date