## **Membership Restoration Form**

## **Peoples Congregational United Church of Christ**

4704 13th Street, NW Washington, DC 20011

Office: (202) 829-5511 Fax: (202) 726-9301

www.peopleschurchucc.org

Email: info@peopleschurchucc.org

Twitter: @PeoplesCongUCC

Instructions: Complete Parts 1 and 2 and return to New Members Coordinator

## PART 1: RESTORED MEMBER AND FAMILY CONTACT INFORMATION

Name:			Date:	
Birth Date:				
(Month) Address:	(Day)			
(Street)	(City)	(State)	(Zip code)	
Telephone (Include Area Code):			(Alternate)	
Email Address:	(Primary)		(Alternate)	
Marital Status:Unmarried	Married	_Divorced	Widowed	
Wedding Anniversary (If Applica	ble):(Month/Day)			
OTHER HOUSEHOLD FAMILY	MEMBER INFORN	MATION		
*For children 18 and under, plea	se include age and	gender		
Name:	Birth Date:	(Month/Da	Age:	Gender:
Relationship to Restored Membe	er:Spouse	Child	Other Relat	ive (specify):
Name:	Birth Date:	(Month/D		Gender:

Relationship to Restored Member: \_\_\_\_Child \_\_\_\_Other Relative (specify): \_\_\_\_\_

Name:	Birth Date:	Age:	Gender:
	(Month/Da	y)	
Relationship to Restored Me	mber:OtildOt	her Relative (specify)	:
EMERGENCY CONTACT(S)			
Name:	Telephone N	umber(s):	
Name:	Telephone N	umber(s):	
Do you have any specific	spiritual needs?Yes	No	
If yes, please specify: Bap	otism Confirm	nation (for children 1	.2 years old)
Bible Study Pray	ver Request	Other	
May we provide your birthYeNo	nday and/or anniversary d	ates (month/day	) to Birth Month Clubs?
Other Household Member	rs? YesNo		
May we use your email ad YesNo	dress for notices about Cl	nurch programs a	nd activities?
Are you transferring mem	bership from another Chu	rch? Yes	No
If yes, please provide the	name and location of your	last Church:	

## Part 2: SKILLS INVENTORY/VOLUNTEER QUESTIONNAIRE

SPECIALIZED WORK EXPERIENCE/SKILLS Please list your professional/work experience or skills you are willing to share in order to support the achievement of the Church's mission, vision and goals.
AVAILABILITY/VOLUNTEER OPTION(S)  Please indicate day/days, time(s) you are available and areas you wish to provide assistance by placing a

Annually	Monday	All Day	Records Management
Quarterly	Tuesday	Morning	Emergency Medical Group
Monthly	Wednesday	Afternoon	Facilities/Building and Grounds/Security
Weekly	Thursday	Evening	Tech Support/Training
Daily	Friday	Flexible	Music and Arts
Special Projects	Saturday		Legal/Financial Services
Flexible	Sunday		Children/Youth Programs
			Trainer/Group Facilitator/Speaker
			Usher Board
			Greeters Guild
			Community Outreach
			Church Office Volunteer

Computer Skills	Proficient	Good	Fair
Microsoft Word			
Microsoft Excel			
Microsoft Outlook			
Microsoft Access			
PowerPoint Suite			
Publisher			
Quick Books/Quicken			
Other:			

check next to the selected item.