

**SECTION I: HEAD OF HOUSEHOLD'S INFORMATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  male OR  female

Would your family like to be included in the GLF directory?  YES  NO

Which best describes your family type?

Married with children at home       Married with grown children       Married with no children  
 Single with no children       Single with grown children       Single Dad       Single Mom

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone # ( \_\_\_\_\_ ) \_\_\_\_\_ Cell phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Work phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_

include on GLF's main email list?  YES  NO      include on the GLF prayer chain email list?  YES  NO

Which best describes your current marital status?

Married       Single       Divorced       Widowed       Engaged       Separated

Wedding Anniversary (if applicable) \_\_\_\_\_      Birthday \_\_\_\_\_  
Month/Day/Year      Month/Day/Year

Occupation Field \_\_\_\_\_

Company \_\_\_\_\_ Job Title \_\_\_\_\_

Choose which best describes your status:  GLF Member       Regular GLF Attender

If you are a member, when did you become a member? \_\_\_\_\_  
Month/Day/Year

Please check any ministries you are actively involved in:

<input type="checkbox"/> Children's Ministry Worker	<input type="checkbox"/> Youth Ministry Leadership	<input type="checkbox"/> Nursery Ministry
<input type="checkbox"/> Sound Booth Ministry	<input type="checkbox"/> Theophostic Prayer Ministry	<input type="checkbox"/> Welcome Booth Ministry
<input type="checkbox"/> Missions Team	<input type="checkbox"/> Usher Ministry	<input type="checkbox"/> Worship Team
<input type="checkbox"/> Communion Prep	<input type="checkbox"/> Communion Servers	<input type="checkbox"/> Greeters
<input type="checkbox"/> Coffee Ministry	<input type="checkbox"/> Women's Ministry Leadership	<input type="checkbox"/> Men's Ministry Leadership
<input type="checkbox"/> Meals Ministry	<input type="checkbox"/> Chair Ministry	<input type="checkbox"/> Deacon Ministry

**SECTION 2: SPOUSE (if applicable)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  male OR  female

Cell phone # (\_\_\_\_\_) \_\_\_\_\_ Work phone # (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

include on GLF's main email list? \_\_\_\_YES \_\_\_\_NO include on the GLF prayer chain email list? \_\_\_\_YES \_\_\_\_NO

Birthday \_\_\_\_\_  
Month/Day/Year

Occupation Field \_\_\_\_\_

Company \_\_\_\_\_ Job Title \_\_\_\_\_

Choose which best describes your status: \_\_\_\_GLF Member \_\_\_\_Regular GLF Attender

If you are a member, when did you become a member? \_\_\_\_\_  
Month/Day/Year

Please check any ministries you are actively involved in:

- |                                 |                                  |                                |
|---------------------------------|----------------------------------|--------------------------------|
| ____ Children's Ministry Worker | ____ Youth Ministry Leadership   | ____ Nursery Ministry          |
| ____ Sound Booth Ministry       | ____ Theophostic Prayer Ministry | ____ Welcome Booth Ministry    |
| ____ Missions Team              | ____ Usher Ministry              | ____ Worship Team              |
| ____ Communion Prep             | ____ Communion Servers           | ____ Greeters                  |
| ____ Coffee Ministry            | ____ Women's Ministry Leadership | ____ Men's Ministry Leadership |
| ____ Meals Ministry             | ____ Chair Ministry              | ____ Deacon Ministry           |

**SECTION 3: CHILDREN'S INFORMATION (This section only needs to be completed if you have children under the age of 18. If you have children 18 years old or older that attend GLF, he/she should complete his own data form. If you have grown children that do not attend GLF, you do not need to list their information.)**

**CHILD 1:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  male OR  female

School: \_\_\_\_\_

Grade \_\_\_\_\_ Birthday \_\_\_\_\_  
Month/Day/Year

Allergies/Special Needs: \_\_\_\_\_

**CHILD 2:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  male OR  female

School: \_\_\_\_\_

Grade \_\_\_\_\_ Birthday \_\_\_\_\_  
Month/Day/Year

Allergies/Special Needs: \_\_\_\_\_

**CHILD 3:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  male OR  female

School: \_\_\_\_\_

Grade \_\_\_\_\_ Birthday \_\_\_\_\_  
Month/Day/Year

Allergies/Special Needs: \_\_\_\_\_

**CHILD 4:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  male OR  female

School: \_\_\_\_\_

Grade \_\_\_\_\_ Birthday \_\_\_\_\_  
Month/Day/Year

Allergies/Special Needs: \_\_\_\_\_

**CHILD 5:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  male OR  female

School: \_\_\_\_\_

Grade \_\_\_\_\_ Birthday \_\_\_\_\_  
Month/Day/Year

Allergies/Special Needs: \_\_\_\_\_