



Zebulun Temple Deliverance Ministry

1501 East Lafayette Street, Baltimore MD 21213

NEW MEMBER INFORMATION

CONTACT INFORMATION:

NAME: _____ MEMBERSHIP DATE: _____
DATE OF BIRTH _____
HOME PHONE: _____ CELL NUMBER: _____
ADDRESS: _____

EMERGENCY CONTACT

NAME: _____ RELATIONSHIP: _____
HOME PHONE: _____ CELL NUMBER: _____

FAMILY INFORMATION

SPOUSE NAME: _____ PHONE NUMBER: _____
CHILDREN NAMES/DOB: _____

WORK EXPERIENCE

OCCUPATION: _____
EMPLOYER: _____ WORK NUMBER: _____
JOB SKILLS/EXPERIENCE SUMMARY: _____

CHRISTIAN EXPERIENCE

FORMER CHURCH AFFLIATION: _____
PASTOR NAME/CONTACT: _____
REASON FOR LEAVING: _____
LETTER OF RELEASE AVAILABLE: YES NO MAY WE CONTACT: YES NO

MEDICAL INFORMATION

CHRONIC ILLNESSES: _____
CURRENT MEDICATIONS: _____

PRIMARY PHYSICIAN: _____ PHONE NUMBER: _____

MINISTRY QUESTIONNAIRE

1. What five-fold category ministry gift do you serve in? (if known)

2. What gift(s) do you operate in? (if known)

3. What is your purpose (overall in the kingdom of God/church)? (if known)

4. What are you expecting to receive from joining this ministry?

5. How can this ministry benefit you spiritually?

6. What do you look for and/or expect from your senior pastor/leader in reference to your spiritual walk?

7. Are you Holy Spirit filled? Yes or No

8. Have you been Baptized? Yes or No

When?

By Whom?

9. Comments/Questions/Concerns:

Please use the back of form, if you need additional space to answer any question(s) or make comments