

**Crown of Life  
Member Questionnaire**

Name				
	Last	First	Middle	Maiden
Address				
	Street	City	State	Zip Code
Telephone				
	Cell	Home	Other	
Email Address(es)				

**Personal Information**

Date of Birth	
Spouse	
Anniversary	
Occupation/ Profession/ Education*	
<small>*If retired, please include past history</small>	
Relatives at Crown of Life	
Hobbies/ Special Interests	
Skills	
Health Concerns/ Special Needs	
<b>Children</b>	
Name	Date of Birth
1)	
2)	
3)	
4)	
5)	

**Gifts and Abilities**

<i><u>I am interested in participating in at Crown of Life in the following ways...</u></i>	
Education Committee	
Preschool	
Sunday School Teacher	
Substitute Teacher	
Nursery (During Worship Service)	
Vacation Bible School	
Christmas for Kids	
Library	
Mommy and Me	
Evangelism Committee	
Board of Elders	
Usher	
Greeter	
Member of the Team who visits, emails, or calls...	
Church Members (as need arises)	
New Church Members	
First Time Visitors	
Shut-ins (those too sick or ill to leave their home)	
Nursing Home Residents	
Prison/Jail	
Hospital	

Delinquent Members	
College or University Students	
Lutheran Women's Missionary Society (LWMS)	
Choir	
Soloist (voice/instrument)	
Pianist	
Organist	
Sound Equipment (must have experience)	
Video Equipment (must have experience)	
Young Adults Group (high-school age or older)	
In-Home Bible Study	
Rubies (Women's Bible Study)	
Athletic Groups	
Youth Group (Pioneers)	
Administration/Clerical	
Typing	
Mailing	
Web Design/Development	
Database Management	
Property Committee	
Carpentry	
Electrical	
Painting	
Plumbing	
Landscape	
Stewardship Committee	
Fellowship Server	
Reader	
Decorate/Special Events	
Communion Ware Server	
Transportation to Church and/or Events	
Accommodate Visiting Groups at home/condo.	

<b>Comments or Suggestions</b>

**Thank you!**

Please return by placing in offering plate,  
sending to Pastor, or delivering to church  
office.

Mailing address:

Crown of Life Lutheran Church  
5820 Daniels Parkway Fort Myers, Florida  
33912  
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Fax: (239) 482-5694  
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