

2014 PROFILE SHEET



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Church: _____

Phone: (____) _____

Email Address: _____

Birthday: ____/____/____ Anniversary: ____/____/____

Children's Names: _____ Age: _____

Women's Discipleship
Michigan State Executive Offices
Attn: Gail Spivey
6317 Old US 23
Fenton, Michigan 48430
Phone: 810.629.0460
Email: gspivey@michigancog.org

Check all Applicable:

- Female Minister
- Evangelist
- Evangelist's Wife
- Pastor
- Pastor's Wife
- Minister's Wife
- Minister's Widow
- Retired Minister's Wife
- WD Officer
- Youth Leader
- Children's Ministries
- Senior Adult Ministries
- Other _____

Check areas below that you would be willing to serve or are of interest to you:

- | | | |
|---|---|--|
| <input type="checkbox"/> Children | <input type="checkbox"/> Prayer Partner | <input type="checkbox"/> Choir Member |
| <input type="checkbox"/> Teens | <input type="checkbox"/> Crafts | <input type="checkbox"/> Soloist |
| <input type="checkbox"/> Decorations | <input type="checkbox"/> Publications | <input type="checkbox"/> Musician (_____) |
| <input type="checkbox"/> WD Conf. Logistics | <input type="checkbox"/> Social Media | <input type="checkbox"/> Contributing Writer |
| <input type="checkbox"/> Armor Bearer | <input type="checkbox"/> Assist in Office | <input type="checkbox"/> PA System |

Write a Personal Mission Statement: _____

(Use back of form to provide additional comments)

I DO NOT HAVE INTERNET ACCESS!! (If this is the case, please provide a name and an email address for a member of your leadership team to receive emails and updates on your behalf.):

Date: _____