## BCWA Logo Vertical CMYK

**Church Yearbook Form**

**CHURCH DETAILS**

Postal address:

Meeting place:

Service time/s:

Phone:

Fax:

Email:

Website:

**PASTORAL STAFF**

**Senior or Sole Pastor**:

Name:

Postal address: [ ]  Same as Church Postal Address

Work Phone:

Mobile Phone:

Home Phone:

Email:

Qualifications:

Date commenced this pastorate:

[ ]  Full time (5+ days) OR       days

**Other Pastors / Staff**

Name:

Title: (i.e. Ps, Mr, Mrs)

Role:

Postal address: [ ]  Same as Church Postal Address

Work Phone:

Mobile Phone:

Home Phone:

Email:

Qualifications:

Date commenced this pastorate:

[ ]  Full time (5+ days) OR       days

**Other Pastors / Staff**

Name:

Title: (i.e. Ps, Mr, Mrs)

Role:

Postal address: [ ]  Same as Church Postal Address

Work Phone:

Mobile Phone:

Home Phone:

Email:

Qualifications:

Date commenced this pastorate:

[ ]  Full time (5+ days) OR       days

**Other Pastors / Staff**

Name:

Title: (i.e. Ps, Mr, Mrs)

Role:

Postal address: [ ]  Same as Church Postal Address

Work Phone:

Mobile Phone:

Home Phone:

Email:

Qualifications:

Date commenced this pastorate:

[ ]  Full time (5+ days) OR       days

**Other Pastors / Staff**

Name:

Title: (i.e. Ps, Mr, Mrs)

Role:

Postal address: [ ]  Same as Church Postal Address

Work Phone:

Mobile Phone:

Home Phone:

Email:

Qualifications:

Date commenced this pastorate:

[ ]  Full time (5+ days) OR       days

**CHILDREN’S MINISTRY CONTACT**

This person will receive communications that we may wish to send regarding children’s ministry for your church.

Name:

Title: (i.e. Ps, Mr, Mrs)

Postal address: [ ]  Same as Church Postal Address

Phone:

Mobile:

Email:

This is a paid position [ ]  Yes [ ]  No.

If Yes, please indicate number of days per week employed by the church:

[ ]  Full time (5+ days) OR       days

**YOUTH MINISTRY CONTACT**

This person will receive communications that we may wish to send regarding Youth ministry for your church.

Name:

Title: (i.e. Ps, Mr, Mrs)

Postal address: [ ]  Same as Church Postal Address

Phone:

Mobile:

Email:

This is a paid position [ ]  Yes [ ]  No.

If Yes, please indicate number of days per week employed by the church:

[ ]  Full time (5+ days) OR       days

**YOUNG ADULTS MINISTRY CONTACT**

This person will receive communications that we may wish to send regarding Young Adults Ministry (18-30 years of age) for your church.

Name:

Title: (i.e. Ps, Mr, Mrs)

Postal address: [ ]  Same as Church Postal Address

Phone:

Mobile:

Email:

This is a paid position [ ]  Yes [ ]  No.

If Yes, please indicate number of days per week employed by the church:

[ ]  Full time (5+ days) OR       days

**SECRETARY/ADMINISTRATOR**

For our purposes we call the person responsible for most of the administration in a church the Secretary, often this is not the title churches use to describe the position the person holds. For consistency, and so we can identify the person in each church with this role, we will refer to them as the Secretary and publish as such in the yearbook directory.

Name:

Title: (i.e. Ps, Mr, Mrs)

Postal address:

Phone:

Email:

**TREASURER**

Name:

Title: (i.e. Ps, Mr, Mrs)

Postal address:

Phone:

Email:

**OFFICE CONTACT**

This person would be the person most likely to answer the phone, open the mail and may have the title of receptionist, administrator or office manager.

Name:

Title: (i.e. Ps, Mr, Mrs)

Role:

Phone:

Email: