

Vision Partner Information

I understand that submitting this Vision Partner Information formalizes my desire to be one with the members of The River Church. I will notify The River Church pastors if I can no longer commit to vision partnership or if I have any questions, comments or concerns, as open communication is important. The River Church will update vision partner contact information on an annual basis.

Please print all information

Date: _____

<input type="checkbox"/> New Vision Partner	<input type="checkbox"/> Renewing Vision Partnership
Name _____	DOB _____ Marital Status _____
Address _____ City/State _____ Zip _____	
Phone _____ Email Address _____	
Church Background _____ Water Baptized? _____ Date of Salvation _____	
How long have you attended The River Church? _____	
Spiritual Gifts: (circle all that apply) Administration Encouragement Evangelism Giving Mercy Prophecy Teaching	
Other: _____	
Willing to serve? _____ How often? _____	
What area(s) are you interested in serving? _____ (Circle all that apply)	
Greeter Usher Worship Sound Children's Ministry Youth Ministry Cleaning Special Events Coffee Shop	

<input type="checkbox"/> New Vision Partner	<input type="checkbox"/> Renewing Vision Partnership	<input type="checkbox"/> Not at this time
Spouse's Name _____	DOB _____	
Phone _____ Email Address _____		
Church Background _____ Water Baptized? _____ Date of Salvation _____		
How long have you attended The River Church? _____		
Spiritual Gifts: (circle all that apply) Administration Encouragement Evangelism Giving Mercy Prophecy Teaching		
Other: _____		
Willing to serve? _____ How often? _____		
What area(s) are you interested in serving? _____ (Circle all that apply)		
Greeter Usher Worship Sound Children's Ministry Youth Ministry Cleaning Special Events Coffee Shop		

CHILDREN (under 18 and living at home)

1. _____ DOB _____
2. _____ DOB _____
3. _____ DOB _____
4. _____ DOB _____