

The Community of St. Hildegard Member Information Sheet

Thank you for your interest in being a member of the Community of St. Hildegard!
Please use this form to provide useful information about yourself.
Families – please fill out a separate sheet per person.
Forms can be emailed to worship@hildegardhaus.com or mailed to
630 Plum St. Fairport Harbor, OH 44077

Member: _____

Spouse/Partner: _____

Children (ages): _____

Your Home Phone Number: _____ Cell Number: _____

Your address: _____

Your email address (please write it clearly):

Are you baptized? YES / NO Date: _____

Place of Baptism: _____

Faith Denomination: _____

How long have you been a member of the CSH? _____

What brought you to the CSH? _____

In what ways would you like to become involved in the CSH? Check those that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> Administrative Needs | <input type="checkbox"/> Financial Council | <input type="checkbox"/> Prayer Experiences |
| <input type="checkbox"/> Liturgical Ministry | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Social Justice Outreach |
| <input type="checkbox"/> Educational Programs | <input type="checkbox"/> Community networking | <input type="checkbox"/> Not sure at this time |

Other skill(s) of yours that you would like to share? _____

What else would you like us to know about you? _____

In what ways do you feel participation in the CSH will benefit you personally and spiritually?

Would you like a personal follow-up from our Pastor? YES / NO

What is the best way to contact you? _____

Do you wish that your participation in the CSH be kept private? YES / NO

CSH Use Only:

Form received on (date) _____

Personal Contact made on (date) _____ by (name) _____
