

ST. JOHN THE BAPTIST GREEK ORTHODOX CHURCH

501 A Avenue NE, Cedar Rapids, IA, 52401 † Tel:319-364-5460 Fax: 319-364-1546

FAMILY INFORMATION FORM 2009

Please complete both sides and return this form to the Church Office.

Household Last Name(s): _____

Address: _____

City: _____ State: _____ Zip Code (9-digits): _____ - _____

Home Phone: (____) _____ - _____

	Man/Husband, <i>title</i>	Woman/Wife, <i>title</i>
First Name:		
Birth Date <i>(Optional)</i> :		
Baptismal Name:		
Faith:		
Cell Phone:		
Work Phone:		
E-mail:		

Note: We are making an extra effort to compile a functional E-mail Database.

1. How many members live at this address (include students living away at school)?
 ____ (of which ____ are students who live away at school, if applicable)

2. Please fill out the information for additional family members:

Full Name	Birth date <i>(mm/dd/yy)</i>	Orthodox? <i>(Circle one)</i>	Baptismal Name <i>(If non-orthodox, Indicate your Faith)</i>	E-mail (and personal phone/cell)
		Yes / No		
		Yes / No		
		Yes / No		
		Yes / No		
		Yes / No		
		Yes / No		
		Yes / No		

CONFIDENTIAL

For Authorized St. John the Baptist Personnel Only

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Stewardship 2009 – Time and Talents

In gratitude for God’s blessings and as good manager(s) of His Gifts, I / we pledge to St. John the Baptist Greek Orthodox Church for the **year of 2009** the following time and talents...

*Please identify all ministries each parishioner is interested in and their available amount of time to support it.
Thank you!*

Ministry Opportunity	Man/Husband	Woman/Wife	Add'l family member:	Add'l family member:
Parish Council	hours/month	hours/month	hours/month	hours/month
Cemetery Committee	hours/month	hours/month	hours/month	hours/month
Sunday School	hours/month	hours/month	hours/month	hours/month
Religious Education	hours/month	hours/month	hours/month	hours/month
Singing	hours/month	hours/month	hours/month	hours/month
Reading	hours/month	hours/month	hours/month	hours/month
Cultural Education (language, dancing)	hours/month	hours/month	hours/month	hours/month
Outreach / Evangelism	hours/month	hours/month	hours/month	hours/month
Visiting shut-ins	hours/month	hours/month	hours/month	hours/month
Parish newsletter and/or other publications	hours/month	hours/month	hours/month	hours/month
Web Site	hours/month	hours/month	hours/month	hours/month
Youth Activities (HOPE, JOY, GOYA)	hours/month	hours/month	hours/month	hours/month
Adult Activities (YAL, Seniors, Other)	hours/month	hours/month	hours/month	hours/month
Stewardship	hours/month	hours/month	hours/month	hours/month
Fundraising	hours/month	hours/month	hours/month	hours/month
Spring Greek Dinner	hours/event	hours/event	hours/event	hours/event
Fall Greek Dinner	hours/event	hours/event	hours/event	hours/event
Church Store	hours/month	hours/month	hours/month	hours/month
Office Work (filing, labels, data entry, computer, etc.)	hours/month	hours/month	hours/month	hours/month
Church Maintenance (yard work, cleaning, etc.)	hours/month	hours/month	hours/month	hours/month

Please contact Fr. Ciprian Sas at the Church (319-364-5460) or the Stewardship Committee President, Julie Frank (319-373-1809), if you have any questions about this form or any of the ministry opportunities.

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Parish Priest: Rev. Fr. Ciprian Sas · E-mail: frciprian@gmail.com
www.stjohncr.org

2009 CHRISTIAN STEWARDSHIP PLEDGE/COMMITMENT CARD

Giving of our Gifts with Faith in Christ

In gratitude for God's blessings and as good manager(s) of His Gifts, I / we pledge to St. John the Baptist Greek Orthodox Church for the **year of 2009** the total amount of...

\$500 \$750 \$1,000 \$ 2,500 Other \$ _____

To be paid as specified below...

weekly \$ _____ x 52
 monthly \$ _____ x 12
 quarterly \$ _____ x 4
 semi-annually \$ _____ x 2
 annually \$ _____ x 1



My total
annual commitment
\$ _____

First Name(s): _____
Last Name: _____
Date: _____ Phone: (____) _____ - _____

Please note that this pledge can be changed at any time
by talking with the parish priest.