



Shiloh Baptist Church

515 West Fourth Street
Plainfield, NJ 07060

Active Ministries Information Form

Place a check mark next to the ministries from whom you would like to receive more information.

- | | |
|---|--|
| <input type="checkbox"/> Beautification Ministry | <input type="checkbox"/> Missionaries |
| <input type="checkbox"/> Christian Education | <input type="checkbox"/> Music Ministry |
| <input type="checkbox"/> Couples Ministry | <input type="checkbox"/> Nurses Ministry |
| <input type="checkbox"/> Culinary Arts Ministry | <input type="checkbox"/> Prayer is Essential |
| <input type="checkbox"/> Emerging Adults Ministry | <input type="checkbox"/> Repast Hospitality Ministry |
| <input type="checkbox"/> First Impressions Ministry | <input type="checkbox"/> Security Ministry |
| <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Singles & Single Parents Ministry |
| <input type="checkbox"/> Grief & Caring Ministry | <input type="checkbox"/> Transportation Ministry |
| <input type="checkbox"/> Health & Wellness Ministry | <input type="checkbox"/> Travel Ministry |
| <input type="checkbox"/> Jazz in the Sanctuary Ministry | <input type="checkbox"/> Uplift Recovery Ministry |
| <input type="checkbox"/> Liturgical Dance Ministry | <input type="checkbox"/> Ushers Ministry |
| <input type="checkbox"/> Lord's Kitchen | <input type="checkbox"/> Women's Fellowship |
| <input type="checkbox"/> Media Ministry | <input type="checkbox"/> Youth Ministry |
| <input type="checkbox"/> Men's Fellowship | |

Name: _____

Home #: _____ Cell #: _____

Email: _____

How would you like to be contacted? ☐ Email ☐ Home ☐ Cell

If you prefer to be contacted by phone, what is the best time to call? _____