

CHURCH INFORMATION FORM

Church Name	Town
Street Address	Zip
Mailing Address	
Zip	
Church Telephone ()	Church Fax ()
Church [generic] E-Mail:	
Time(s) of worship:	Website Address:

ORDAINED STAFF

Title	Name	Position [Pastor, Associate, etc.]	Home address	Home Phone numbers	Primary E-mail address
The Rev.					
The Rev.					
The Rev.					
The Rev.					

STAFF AND OTHER LEADERSHIP

Position	Name	Home Address City, ZIP	Home Phone w/area code		e-mail address
Parish Associate					
Pastor Emeritus					
Admin. Assist. or Secretary					
Admin. Assist. or Secretary					
Admin. Assist. or Secretary					
Admin. Assist. or Secretary					
Clerk of Session					
Youth Director					
Christian Education					
Treasurer					

CHURCH INFORMATION FORM

Position	Name	Address City, ZIP	Home or Business Phone w/area code	e-mail address
Business Administrator				
Director of Music				
Newsletter Editor				
Website Editor				

SERVICES

	DAY & TIME
Sunday School	
Session Meetings	

Is your church Handicapped Accessible? Yes No

Does your church have a computer? Yes No Internet Access? Yes NO

Does your church have a sexual misconduct policy? Yes No

Does your church have a dismantling racism policy? Yes No

Does your church have a screening process for those who work with Youth? Yes No

Please return by February 24, 2009 to:

Stated Clerk

Presbytery of Giddings-Lovejoy

2236 Tower Grove Avenue

St. Louis, MO 63110-3596