

Congregational Care Group Intake Form

Name: _____ Birthdate (mm/dd): _____

Address 1: _____ Email: _____

_____ Facebook Name: _____

Home Ph: _____ Cell Ph: _____

Spouse Name: _____ Spouse Birthdate (mm/dd): _____

Anniversary Date (mm/dd): _____

Children(s) and Birthdate(s): _____

Preferred Method of Contact: _____

Ministries Active In: _____

Christian Education: Bible Study if yes which class: _____

Sunday School if yes which class: _____

Favorite Bible verse/story: _____

Team Assignment: 1st Preference: _____ 2nd Preference: _____

Spiritual Gifts (Romans 12; 1 Corinthians 12; and Ephesians 12) (Check those that apply):

X Prophecy X Service X Teaching X Encouragement X Giving X Leadership X Mercy X Word of Wisdom

X Word of Knowledge X Faith X Healing X Miraculous Powers X Discernment of Spirits X Speaking in

Tongues X Interpreting Tongues X Apostle X Prophet X Evangelist X Pastor X Teacher

God-Given Talents (please list):